

<b>Case Number:</b>	CM15-0099949		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old male, who sustained an industrial injury on 5/28/2012. Diagnoses include unspecified myalgia and myositis and fasciitis not otherwise specified. Treatment to date has included diagnostics, medications including Lidocaine, Norco, Nortriptyline, Baclofen, Ambien, Gabapentin, surgical intervention (8/23/2013), stellate ganglion blocks x 3, TENS unit, trigger point injections, physical therapy, and a spinal cord stimulator trial. Per the Primary Treating Physician's Progress Report dated 4/24/2015, the injured worker has been under care for Reflex Sympathetic Dystrophy of left (dominant) upper extremity following surgery 8/23/2013. Physical examination revealed almost no range of motion in his dominant left upper extremity and he cannot use his hand or fingers without significant pain. The plan of care included an injection and continued physical therapy and authorization was requested for Baclofen 10mg, Lidocaine 5% patch and one urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Baclofen 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): s 63-66.

**Decision rationale:** The requested Baclofen 10 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, does not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has Reflex Sympathetic Dystrophy of left (dominant) upper extremity following surgery on 8/23/2013. Physical examination revealed almost no range of motion in his dominant left upper extremity and he cannot use his hand or fingers without significant pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10 mg #60 is not medically necessary.

**One (1) urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The requested One (1) urine drug screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommends drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has Reflex Sympathetic Dystrophy of left (dominant) upper extremity following surgery 8/23/2013. Physical examination revealed almost no range of motion in his dominant left upper extremity and he cannot use his hand or fingers without significant pain. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, One (1) urine drug screen is not medically necessary.

**Lidocaine 5% patch ( 700 mg/patch) #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): s 56-57.

**Decision rationale:** The requested Lidocaine 5% patch (700 mg/patch) #30 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or (Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has Reflex Sympathetic Dystrophy of left (dominant) upper extremity following surgery 8/23/2013. Physical examination revealed almost no range of motion in his dominant left upper extremity and he cannot use his hand or fingers without significant pain. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine 5% patch (700 mg/patch) #30 with 3 refills is not medically necessary.