

<b>Case Number:</b>	CM13-0015002		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier Lumbar Laminectomy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 2, 2013, the claims administrator denied a request for Baclofen. The applicant's attorney subsequently appealed. In a progress note dated September 6, 2012, the applicant presented with a primary diagnosis of chronic low back pain status post failed spinal surgery. The applicant was on Baclofen, Celebrex, Norco, Zestril, Lyrica, Metformin, Flomax, and Valium, it was acknowledged. The applicant's pain complaints were aggravated by daily activities, including those as basic as sitting, it was acknowledged. Various interventional spine procedures were sought. The attending provider suggested that the applicant could consider SI joint injections, radiofrequency ablation procedures, and/or spinal cord stimulator trial. The applicant noted that he had already had epidural injections, manipulative therapy, acupuncture, physical therapy, and six spine surgeries. The applicant did not appear to be working. On February 1, 2013, the medical-legal evaluator noted that the applicant had not worked since 2000. The applicant was no longer working either in his former role as a pesticide exterminator or in any other capacity. Limited range of motion on various body parts is noted. The applicant was having difficulty performing activities of daily living as basic as lifting, it was acknowledged. The applicant was able to perform activities as self-care and personal hygiene, it was acknowledged. In a March 18, 2013 progress note, the applicant reported moderate to severe low back pain, it was suggested in one section of the report. The applicant was not able to work or volunteer, even with medications; the attending provider acknowledged and was still

struggling to perform activities at home. 3/10 pain was noted, both with and without medications. The attending provider posited that ongoing Celebrex, Norco, and Lyrica usage were reportedly beneficial here. Baclofen was also on the applicant's medication list. On April 3, 2013, the applicant was asked to continue baclofen, Celebrex, Flector, and Lidoderm. The applicant was asked to obtain an Epidural Steroid Injection and/or obtain a neurosurgery evaluation. The applicant was asked to consider Elavil and/or Nortriptyline as well as Tramadol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section Page(s): 64-67.

**Decision rationale:** While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Baclofen is recommended in the treatment of spasticity and muscle spasms associated with spinal cord injuries and/or multiple sclerosis and can be used off label for neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. The applicant has apparently failed to return to work in over 10 years. The applicant's pain complaints do not appear to be appreciably diminished as a result of ongoing Baclofen usage, nor has ongoing Baclofen usage diminished the applicant's reliance on other forms of medical treatment, including interventional spine procedures, adjuvant medications such as Lyrica, Opioid agents such as Norco, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Baclofen usage. Therefore, the request is not medically necessary.