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| Case Number: | CM13-0050556 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/21/2001 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

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 Therapy 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 21, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; unspecified amounts of aquatic therapy and acupuncture; and muscles relaxants. In a utilization review report dated August 8, 2013, the claims administrator denied a request for baclofen. In an earlier progress note of June 6, 2013, it was stated that the applicant had moderate severity low back pain. The applicant's problem list included diabetes, hypertension, history of spinal fusion, depression, chronic pain syndrome, myalgias, myositis, tobacco abuse, adjustment disorder, anxiety disorder, failed back syndrome, vertigo, low back pain, depression, anxiety, atherosclerosis, history of myocardial infarction status post stent implantation, and marijuana dependence. The applicant's medication list included Lipitor, Advair, Plavix, Combivent, Cymbalta, Valium, Diovan, Keppra, Kombiglyze, Lyrica, magnesium, Remeron, methadone, Reglan, oxybutynin, Protonix, Soma, Tricor, and Vicodin. The applicant was described as already permanent and stationary. The applicant's pain level ranged from 3/10 with medications to 9/10 without medications. The applicant was given refills of Vicodin, Soma, methadone, and Lyrica on this occasion. It did not appear that the applicant was working. On July 3, 2013, the applicant again presented with severe low back pain. The applicant stated that medications were allowing her to maintain some social life and family life. A variety of medications, including Vicodin, Soma, methadone, Lyrica, clonidine, and chlordiazepoxide were renewed. The applicant was described as using a cane and/or walker to move about. In a September 27, 2013 request for authorization, prescriptions for Vicodin, methadone, Lyrica, Cymbalta, and baclofen were endorsed. The applicant reported severe back

pain, 9/10 with medications and 10/10 pain without medications. It was not stated whether or not the applicant was still using Soma as of this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg # 24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen section, MTUS 97972.20f Page(s): 64, 7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the management of spasticity associated with multiple sclerosis and/or spinal cord injuries and can moreover be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy and other medications into his choice of recommendations. In this case, it is not clearly stated why the applicant needs to use two separate muscle relaxing agents, namely baclofen and Soma. It is further noted that the applicant has failed to demonstrate any clear evidence of medication efficacy with ongoing usage of baclofen. The applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of opioid therapy, including methadone and Vicodin. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of baclofen. Therefore, the request is not medically necessary.