

Case Number:	CM14-0103265		
Date Assigned:	09/24/2014	Date of Injury:	08/31/2000
Decision Date:	11/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with an injury date of 08/31/00. Based on the 04/03/14 progress report provided by [REDACTED] the patient complains of chronic pain in his lumbar spine and other body parts. Physical examination revealed spasm and tenderness in the paravertebral muscles of the lumbar spine, with decreased range of motion on flexion and extension. Progress report 05/29/14 states patient has neck and upper extremity pain rated as high as 10/10. Patient has undergone increased treatment and surgery but has been using oral medications to address his complaints. He reported improvement with increased level of function with his medication regimen over the past several years. His medications include Lyrica, Cymbalta, Oxycontin and Klonopin. The provider has not documented reason for requesting Baclofen cream nor how it will be used. Diagnosis 04/03/14:- Lumbosacral radiculopathy- Erectile dysfunction rule out depression as its etiology [REDACTED] is requesting Baclofen cream 60gm/10mg. The utilization review and determination challenged is dated 06/16/14. [REDACTED] is the requesting provider and he provided frequent reports from 03/06/14 - 06/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen Cream 60 gm/10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines-Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The patient presents with chronic pain in his lumbar spine, neck and other body parts. The request is for Baclofen cream 60gm/10mg. His diagnosis dated 04/03/14 included lumbosacral radiculopathy and erectile dysfunction, rule out depression as its etiology. The provider has not documented reason for the requesting Baclofen cream nor mentioned how it will be used. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support use." The requested Baclofen cream contains Baclofen, which is not recommended by MTUS guidelines. Therefore, this request is not medically necessary.