

<b>Case Number:</b>	CM14-0129040		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/07/2006
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 40-year-old with a date of injury of 11/07/2006. A progress report associated with the request for services, dated 07/02/2014, identified subjective complaints of low back and lower extremity pain. Objective findings included tenderness to palpation of the thoracic and lumbar spines. There was decreased motor and sensory function of the lower extremities. Diagnoses (paraphrased) included lumbar radiculopathy; thoracic spine pain; and knee arthropathy. Treatment had included antidepressants and oral analgesics. A Utilization Review determination was rendered on 07/25/2014 recommending non-certification of "Baclofen cream #2 120mg".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen cream #2 120mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Baclofen is a muscle relaxant being used as a topical analgesic. The MTUS Guidelines specifically state that there is no evidence for baclofen or any other muscle relaxant as a topical product. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no documentation for the medical necessity for topical Baclofen.