

<b>Case Number:</b>	CM14-0132473		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/31/2001
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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, bilateral wrist, and bilateral knee pain reportedly associated with an industrial injury of May 23, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a progress note dated February 10, 2014, the applicant reported persistent complaints of low back, bilateral knee, and bilateral wrist pain. The applicant was given diagnoses of bilateral knee internal derangement status post total knee arthroplasties, lumbar radiculopathy, and left first metacarpal osteoarthritis. Mobic, baclofen, and Aciphex were renewed, while the applicant was asked to continue permanent work restrictions. There was no explicit discussion of medication efficacy. On March 13, 2014, Aciphex, baclofen, and Mobic were again refilled, again with no explicit discussion of medication efficacy. Permanent work restrictions were also renewed. In a progress note dated April 16, 2014, the applicant was described as reporting heightened bilateral wrist, bilateral thumb, bilateral knee, and low back pain. The applicant had reportedly fallen on several occasions. Aciphex, Mobic, and baclofen were again renewed. The applicant did not appear to be working with permanent limitations in place. On May 28, 2014, the applicant again reported worsening low back, bilateral hip, bilateral knee, and bilateral thumb pain. Permanent work restrictions were renewed. Aciphex, baclofen, and Mobic were also endorsed. In a utilization review report dated July 28, 2014, the claims administrator denied a lumbar MRI, partially certified baclofen, denied Aciphex, denied an MRI of the left knee, denied MRIs of the bilateral hips, and approved a request for meloxicam. On August 19, 2014, the applicant appealed the denial of baclofen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen (10mg, take 1-tablet by mouth daily as needed for pain, #30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

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

**Decision rationale:** While the Chronic Pain Medical Treatment Guidelines do acknowledge that baclofen is recommended orally in the management of spasticity associated with multiple sclerosis and/or spinal cord injuries and can, furthermore, be employed off label for neuropathic pain, this recommendation is qualified by commentary 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, however, the applicant is off work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant's pain complaints likewise appear to be heightened from visit to visit, despite ongoing baclofen usage. The attending provider continued to note progressively worsening multifocal pain complaints on multiple office visits, referenced above. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of baclofen. Therefore, the request is not medically necessary.