

Case Number:	CM14-0141321		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2012
Decision Date:	11/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 insured is a 48 year old male with a history of industrial injury on 3/13/2012. He had suffered back pain after his injury. This was treated with physical therapy, multiple medications and an epidural steroid injection. He was last seen in September 2014 by his primary treating provider. Notably, there was continuing pain in the low back along with radiation into both lower extremities. The patient was on zolpidem, trazadone, gabapentin, baclofen, oxycodone / acetaminophen and tramadol. This is a request for ongoing therapy with baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spastic, Page(s): 64.

Decision rationale: The patient in this case does not have paroxysmal neuropathic pain though there is tingling and numbness that is consistent with radiculopathic pain. Unless the provider describes a therapeutic trial that resulted in specific benefit of this agent, ongoing use of this agent is hazardous in the context of multiple other CNS depressing medications that the patient is

on. Further, the provider has documented that baclofen is being used for insomnia related to pain. But the patient is on zolpidem, which also acts via GABA receptor agonism, and trazadone, both CNS depressing agents used for insomnia. It would be highly unusual for a patient to require three different agents that have a hypnotic and sedative effect. The clinical notes do not provide a compelling enough reason for ongoing therapy with this agent. Only if the patient's radiculopathic pain has a unique amelioration related to baclofen therapy and this is proven by worsening of symptoms by stopping this agent and then abolished by restarting, would one be able to argue continuation of chronic baclofen therapy. Although it is possible that baclofen really has a beneficial effect on this patient's radiculopathic pain, typically baclofen is used for lancinating and paroxysmal neuropathic pain arising in conditions such as trigeminal neuralgia. The request can not be recommended based on the information provided, which fails to establish the foregoing.