MAXIMUS Federal Services

Case Number:	CM14-0163022		
Date Assigned:	10/08/2014	Date of Injury:	03/07/2002
Decision Date:	10/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 62 year-old male with a date of injury of March 7, 2002. The patient's industrially related diagnoses include cervicalgia with right-sided radiculopathy, carpal and cubital tunnel syndrome, right side, lumbago with radicular symptoms, and bilateral shoulder arthropathy. The disputed issues are a prescription for Baclofen 10mg #60 and Monarch pain cream 2 tubes. A utilization review determination on 9/29/2014 had non-certified these requests. The stated rationale for the denial of Baclofen was "Baclofen is recommended for treatment of spinal cord injuries, which is not in evidence here." The stated rationale for the denial of the Monarch pain cream was "Monarch pain contains ingredients that are not recommended."

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the following regarding muscle relaxants: "Recommend non-sedating muscle relaxants with caution as a

second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." However, Baclofen is among the drugs with the most limited published evidence in terms of clinical effectiveness. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The listed side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. Baclofen should not be discontinued abruptly due to the risk of withdrawals. In the progress reports available for review, it was documented that Baclofen was first prescribed on 1/7/2014 for spasms in the legs and has been prescribed regularly since then. It does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended. Based on the guidelines, Baclofen 10mg #60 is not medically necessary. However, although Baclofen is not medically necessary, it should not be discontinued abruptly as stated in the guidelines due to the risk of withdrawals. Therefore, the treating physician should provide a specific plan for weaning.

Monarch Pain Cream 2 Tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Monarch pain cream is a compounded topical medication consisting of 2 tubes. One tube contains Ketoprofen 20% and the second tube contains gabapentin 7%, Ketoprofen 10%, and lidocaine 6%. The Chronic Pain Medical Treatment Guidelines on page 111 state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. In regards to topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested Monarch pain cream 2 tubes is not medically necessary.