MAXIMUS Federal Services

Case Number:	CM14-0035933		
Date Assigned:	06/23/2014	Date of Injury:	08/02/2003
Decision Date:	07/30/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 pain reportedly associated with an industrial injury of August 2, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and opioid therapy. In a Utilization Review Report dated March 3, 2014, the claims administrator approved a request for gabapentin, amitriptyline, and Percocet while denying baclofen. The claims administrator stated that baclofen was intended only for short-terms use purposes. In a progress note dated April 17, 2014, handwritten, difficult to follow, not entirely legible, the applicant stated that his pain was not well managed with his current medication regimen, including Percocet and Topamax. The applicant was placed off of work, on total temporary disability. Despite the fact that the applicant's pain was not controlled, the attending provider instructed the applicant to continue Percocet and Topamax. The applicant was again placed off of work, on April 1, 2014. The applicant's medication list was not described on that date. On January 20, 2014, the applicant was again described as having persistent complaints of neck pain with associated limited range of motion. The applicant had tenderness about the cervical paraspinals with range of motion limited secondary to pain. The applicant was described as using Neurontin, Percocet, and baclofen at this point. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Chou, 2007; Mens, 2005; Van Tulder, 1998; Van Tulder, 2003; Van Tulder, 2006; Schnitzer, 2004; Homik, 2004; Chou, 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Baclofen section Page(s): 7; 64.

Decision rationale: As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen is recommended orally for the treatment of spasticity and muscle spasm associated with multiple sclerosis and spinal cord injuries and can be employed off label for neuropathic pain, the MTUS further notes. It is noted, however, that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggests an attending provider incorporate some discussion of medication efficacy into his choice of prescription recommendations. In this case, however, the applicant is off of work, on total temporary disability. Ongoing usage of baclofen has failed to diminish the applicant's reliance on numerous other substances, including Percocet, Neurontin, etc. The attending provider has himself written on several occasions that the applicant's current medication regimen has not been altogether effective here. The applicant's continued reliance on numerous other analgesic medications and failure to return to any form of work, taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of baclofen. Therefore, the request for Baclofen 10 mg QTY: 90 is not medically necessary and appropriate.