

Case Number:	CM14-0044024		
Date Assigned:	07/02/2014	Date of Injury:	07/08/1993
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Rehabilitation 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 50-year-old female who reported an injury on 07/08/1993. The mechanism of injury was not provided within the medical records. The clinical note dated 01/23/2014 indicated diagnosis of post-laminectomy syndrome of the lumbar region. The injured worker reported lumbar pain that was constant, sharp, shooting, burning, aching pain that radiated to both lower extremities along the lateral and sometimes anterior surface to just above the knee; that the radiating pain was intermittent. The injured worker reported the pain increased with standing and sitting, and pain was relieved with lying down and walking. The injured worker reported she utilized Soma, Percocet, Avinza, and Baclofen for pain, which was reported to be effective. The injured worker reported after 3 epidural steroid injections in the past, she had been able to decrease the amount of pain medication needed. The injured worker reported her pain level was 9/10. She states she was able to sit for 2 minutes before having to stand due to pain. On the physical examination of the lumbar spine, range of motion was decreased and sensation was decreased in the lateral thigh. There was tenderness in the lumbar paraspinal area bilaterally. There was a mass palpated in the right lumbar paraspinal area that was mobile and tender to palpation. The injured worker denied change in size and reported it had been present for years. Prior treatments included diagnostic imaging, epidural steroid injections, and medication management. The injured worker's medication regimen included Baclofen, Percocet, Soma, Avinza, Trazodone, Prevacid, and Neurontin. The provider submitted a request for Baclofen. A request for authorization dated 02/18/2014 was submitted for Baclofen. However, rationale was not provided for review.

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 Muscle Relaxants (For Pain). Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill 2006; Physician's Desk Reference, 68th Edition; www.RxList.com; <http://www.odgtwc.com/odgtwc/formulary.htm>.www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 113.

Decision rationale: The request for Baclofen 10mg, #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The guidelines also indicate any compounded product that contains at least one drug (or drug class) is not recommended, is not recommended. There is no peer-reviewed literature to support the use of Topical Baclofen. Topical analgesics are largely experimental in use. In addition, it was not indicated if antidepressants and anticonvulsants had failed. Per guidelines, any compounded product that contains at least one drug or drug class that is not recommended; is not recommended. Furthermore, the request does not indicate a frequency. Therefore, the request for Baclofen is not medically necessary.