

Case Number:	CM14-0046394		
Date Assigned:	07/02/2014	Date of Injury:	05/30/2012
Decision Date:	08/26/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 injured worker who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of physical therapy; and injection therapy. In a utilization review report dated March 7, 2014, the claims administrator denied a request for baclofen and antispasmodic outright. On October 15, 2013, the applicant presented with multifocal foot, hand, and low back pain. The applicant was using Norco, Soma, Valium, it was suggested at that point. In a subsequent progress note dated March 2, 2014, the applicant was again described as presenting with primary complaints of low back, foot, and neck pain. Norco, Valium, baclofen, and Soma were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. There was no discussion of medication efficacy on this occasion. Similarly, on February 20, 2014, the applicant was given prescriptions for Norco, Valium, baclofen, and Soma. Again, there was no discussion of medication efficacy anywhere in the body of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #70: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 64, Baclofen section.2. MTUS page 7. Page(s): 64, 7.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in management of spasticity and can be employed off label for neuropathic pain, this recommendation is qualified by commentary made 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 attending provider has, however, failed to invoke any medication or medication efficacy in the recent progress notes cited above. Several medications have been refilled, including two muscle relaxants, Soma and baclofen, on multiple occasions throughout 2014. The applicant's work status, functional status, and response to ongoing usage of baclofen have not been clearly outlined. Therefore, the request is not medically necessary.