

<b>Case Number:</b>	CM14-0059302		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/18/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 patient is a 42 year old male who had his date of injury on 4/18/05 and was authorized for treatment of lumbar, low back, and extremity body parts. It is noted that he had had a right shoulder operation for problems relating to the injury and had an EGD in 2010 diagnosing inflammation of the stomach and that he had also declined back surgery. In a visit to his M.D. in 2014 it was noted that he had lumbar pain associated with numbness and was noted to have locking up of his back. His pain was noted to be 6/10 with meds and 10/10 without meds. His diagnoses were noted to be chronic pain syndrome, cervical and lumbar radiculopathy, narcotic dependence, myofascial pain syndrome, tension headaches, depression, anxiety, and insomnia. A request for baclofen and topical compound topical ketofen were non certified by the UR committee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN 10MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 63 and 64 of chronic pain section of muscle relaxants.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that Baclofen is a muscle relaxant of the antispasticity type and is used to treat spasticity in certain conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries. Baclofen is noted to provide blockade at both pre and post synaptic GABA receptors. It is given PO for multiple sclerosis and spinal cord injuries. It is also used in treatment for lacerating and neuropathic pain and in disorders such as trigeminal neuralgia. Muscle relaxants are used as a second line drug for treatment of lumbar pain and they offer no benefit over the preferred medicine, NSAID's. Specifically Baclofen is included as one of the drugs that have limited published evidence of clinical effectiveness in treatment of this condition. Side effects of Baclofen include sedation, dizziness, weakness, low blood pressure, constipation, and respiratory depression. Also caution needs to be used when used with liver and renal impairment. In this patient we do not have any notation of lacerating or neuropathic pain. The patient is being treated for chronic pain in the back and neck. As per the MTUS Chronic Pain Guidelines, other meds would be preferred treatment. Therefore, the request is not medically necessary and appropriate.

**TOPICAL COMPOUND KETOFEN MILD (CAPSACIN/BACLOFEN/KETOPROFEN) 0.0375%/5%/20% 240 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 and 113.

**Decision rationale:** The MTUS Chronic Pain Guidelines states that topical analgesics are largely experimental and few randomized controlled trials have been done. They are applied locally. Also, they are used primarily in neuropathic pain when antidepressant and anticonvulsant medications have been shown to not be effective. It states that there is little research to support compounded creams. It is also stated that if one of the components is not recommended then the entire compound application cannot be recommended. In this particular patient Baclofen 1% is included in the prescribed compounded cream. However, the MTUS Chronic Pain Guidelines states that Baclofen is not recommended for topical application. Therefore, the request is not medically necessary and appropriate.