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| Case Number: | CM14-0070930 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 07/25/2005 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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 Interventional Spine 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 43 year old with an injury date on 7/25/05. Patient complains of lumbar pain rated 7/10 per 4/14/14 report. Patient complains of tightness in the back, but is able to walk 10-15 minutes, 1-2 times a week per 2/12/14 report. Based on the 4/14/14 progress report provided the injured worker's diagnoses are: 1. Thoracic or lumbosacral neuritis or radiculitis, unspecified. 2. Degeneration of lumbar intervertebral disc. Exam on 4/14/14 showed neurologically reflexes remain symmetric, no conlus, and markedly decreased range of motion of her lumbosacral spine. Injured worker's medical provider is requesting Labs: SGOT/SGPT. The utilization review determination being challenged is dated 5/2/14. The requesting provider provided treatment reports from 12/18/13 to 4/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: SGOT/SGPT every three to six months for lifetime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Baclofen and liver toxicity: (livertox.nih.gov/baclofen.htm)US National Library of Medicine. NIDDI.

Decision rationale: This patient presents with back pain. The medical provider has asked for Labs: SGOT/SGPT on 4/14/14. Review of the 2/12/14 report states a prior SGOT/SGPT after institution of low dose Baclofen returned normal, and a repeat lab after increased dose was denied. Regarding liver function and chronic use of Baclofen, US National Library of Medicine states, among the many clinical trials evaluating the safety and efficacy of baclofen none mention hepatic toxicity or rate of serum ALT elevations occurring during chronic therapy. Mild elevation of liver function has been documented without any harmful liver toxicity. The requested liver function test to monitor baclofen use is not supported by current evidence. Therefore, the request for lifetime labs SGOT/SGPT is not medically necessary and appropriate.