

Case Number:	CM14-0074637		
Date Assigned:	07/16/2014	Date of Injury:	08/02/1996
Decision Date:	09/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 neck pain reportedly associated with an industrial injury of August 2, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a request for Baclofen. Despite the fact that the MTUS addressed the topic, the claims administrator cited a variety of non-MTUS guidelines, including the Physicians' Desk Reference, Third Edition ACOEM Guidelines, and ODG. The claims administrator did not, furthermore, incorporate any of the aforementioned guidelines into its rationale. The applicant's attorney subsequently appealed. In an April 28, 2014 progress note, the applicant reported persistent complaints of shoulder and neck pain with associated cramping about the same. The applicant stated the medications in question were generating 50% reduction in pain scores. The applicant was on Oxycodone, Baclofen, Desyrel, Metformin, Zestril, and Lantus, it was stated. The applicant was walking on a daily basis for exercise, it was stated. The applicant was status post shoulder Open Reduction Internal Fixation (ORIF) and had residual issues with shoulder Degenerative joint disease (DJD). The applicant also had myofascial neck and shoulder pain, it was acknowledged. Oxycodone and Baclofen were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Cervical and Thoracic Spine. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw hill, 2006 Physician's Desk Reference, 68th ed. www.RXList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm. www.drugs.com Epocrates Online, www.online.epocrates.com Monthly Prescribing Reference, www.empr.com. Opioid Dose Calculator-AMDD Agency Medical Directors Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

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

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Baclofen is recommended orally for the treatment of spasticity and muscle spasm associated with multiple sclerosis and spinal cord injuries and can, moreover, be employed off label for neuropathic pain, in this case, however, it does not appear that the applicant carries any of the aforementioned diagnostic considerations for which Baclofen might be an appropriate option. The applicant's pain has been posited to be a function of myofascial pain and/or arthritic pain. There was no mention of neuropathic pain and no mention of any issues associated with muscle spasm associated with spinal cord injuries and/or multiple sclerosis. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further states that an attending provider should base his choice of pharmacotherapy on the type of pain to be treated and/or the pain mechanism involved. In this case, the attending provider did not furnish any rationale for selection of Baclofen, nor did the attending provider state for what purpose Baclofen was being employed here. Therefore, the request is not medically necessary.