

<b>Case Number:</b>	CM14-0083625		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 74-year-old male who reported an injury on 03/19/2014. The diagnoses include posttraumatic headaches. The previous treatments included medication. Within the clinical note dated 06/04/2014, it was reported the injured worker complained of headaches, which were occurring 1 to 2 times per week. He describes the headaches as frontal and pulsatile. Upon the physical examination, the provider noted the injured worker's sensation was normal to pinprick. The injured worker had motor strength of 5/5. Reflexes are 2+. The request submitted is for Baclofen, flurbiprofen, acetyl-carnitine. However, the rationale was not provided for clinical review. The Request for Authorization is not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen:** 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 Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Baclofen is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for

short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by a significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 06/2014 which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage and the quantity of the medication. Therefore, the request is not medically necessary.

**Flurbiprofen:** 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67, 72.

**Decision rationale:** The request for flurbiprofen is not medically necessary. The California MTUS recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. The guidelines note flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity. The request submitted failed to provide the dosage. There is lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. Therefore, the request is not medically necessary.

**Acetyl-carnitine:** 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 Antidepressants for chronic pains Page(s): 13.

**Decision rationale:** The request for acetyl-carnitine is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. The guidelines state tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage of the medication. The request submitted failed to provide the frequency and the quantity of the medication. Therefore, the request is not medically necessary.