

Case Number:	CM14-0096200		
Date Assigned:	09/15/2014	Date of Injury:	09/23/2011
Decision Date:	11/20/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 low back, chest wall, and rib pain reportedly associated with an industrial injury of February 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; and reported return to regular duty work at one point over the course of the claim. In a Utilization Review Report dated June 6, 2014, the claims administrator failed to approve a request for fentanyl and baclofen. The applicant's attorney subsequently appealed. In a May 16, 2014 progress note, the applicant reported persistent complaints of back and rib pain. The applicant stated that his functionality was improved with fentanyl and further stated fentanyl had diminished his consumption of Norco. The applicant stated that he was able to function around the home, perform household chores and continue regular duty work with current medication consumption. The applicant's medication list included baclofen, Norvasc, benazepril, Norco, Cymbalta, Abilify, Atarax, Flector, Duragesic, naproxen, metformin, hydrochlorothiazide, and Neurontin, it was stated. Both fentanyl and baclofen were renewed. The applicant was returned to regular duty work. On April 18, 2014, the applicant again reported his switch to fentanyl had been successful and that he was using Norco on a reduced basis. Pain management consultation, home exercises, and regular duty work were endorsed. The applicant's BMI was 33.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 3 refills: Upheld

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

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

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended in the treatment of spasticity and muscle spasm associated with spinal cord injuries and multiple sclerosis and can be employed off-label for neuropathic pain, in this case, however, it was not stated for what purpose baclofen was being employed. It was not stated whether baclofen was being employed for spasticity purpose or for neuropathic pain purposes. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider's choice of pharmacotherapy must be based on the type of pain to be treated and/or pain mechanism involved. In this case, however, no rationale for selection and/or ongoing usage of baclofen was proffered by the attending provider. Therefore, the request is not medically necessary.