

Case Number:	CM13-0038830		
Date Assigned:	12/18/2013	Date of Injury:	12/06/2008
Decision Date:	02/28/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 pain reportedly associated with an industrial injury of December 6, 2008. In a Utilization Review Report dated December 14, 2013, the claims administrator approved a psychological evaluation, approved MS Contin, approved Norco, and denied baclofen. The claims administrator referenced an RFA form received on September 12, 2013, in its determination. On September 9, 2013, the applicant reported persistent complaints of low back pain. The applicant was apparently considering pursuit of a spinal cord stimulator trial. The applicant had undergone four epidural steroid injections and 24 sessions of physical therapy status post multilevel lumbar fusion surgery. The applicant was using Norco, baclofen, and Flector. The applicant received multiple medication refills, including Norco and baclofen. A psychological evaluation prior to a spinal stimulator cord trial was also suggested. The applicant's work status was not clearly outlined. In a medical-legal evaluation dated July 11, 2012, the medical-legal evaluator noted the applicant reported 9/10 pain, reportedly constant, and further noted that the applicant reported difficulty performing activities of daily living as basic as twisting, bending, stooping, pushing, and pulling. Permanent prophylactic work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 20MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Baclofen Page(s): 7; 64.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the management of spasticity associated with multiple sclerosis and/or spinal cord injuries, but can be employed off label for proximal neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into this choice of recommendations. Here, however, the attending provider failed to outline any evidence of meaningful or material benefits achieved as a result of ongoing baclofen usage. The applicant remains off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of baclofen has failed to curtail the applicant's dependence on opioid agents such as MS Contin and Norco. Per a medical-legal evaluation dated July 11, 2012, the applicant continued to report ongoing difficulty performing activities of daily living as basic as bending, twisting, stooping, pushing, pulling, standing, walking, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.