

<b>Case Number:</b>	CM14-0217271		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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, New York, 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 47-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 15, 2011. In a Utilization Review report dated November 25, 2014, the claims administrator failed to approve a request for baclofen and Norco. The claims administrator referenced progress notes of October 21, 2014 and November 12, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated September 4, 2014, it was acknowledged that the applicant was not working. 8-10/10 pain complaints were noted. The attending provider acknowledged that activities of daily living as basic as sitting and walking remained problematic. The attending provider then stated that the applicant's medications were beneficial but did not elaborate further. A rather proscriptive 10-pound lifting limitation and a topical compounded agent were renewed. On March 5, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, mid back pain, and low back pain. Vimovo, baclofen, Topamax, Naprosyn, Zantac, Ambien, and Percocet were endorsed, without any seeming discussion of medication efficacy. 8/10 pain complaints were reported. The applicant reported difficulty performing gripping and grasping activities. The applicant had undergone earlier failed cervical spine surgery, it was acknowledged. In a December 10, 2014 progress note, the applicant reported ongoing complaints of 7-9/10 low back and neck pain. The applicant stated that she was dropping objects, was weak, and had developed depressive symptoms. The applicant was not working, the treating provider acknowledged. The same, unchanged, 10-pound lifting limitation was renewed, seemingly resulting in the applicant's removal from the workplace.

## 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 Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64;.

**Decision rationale:** No, the request for baclofen, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. 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 but can be employed off label for neuropathic pain, as was present here, 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 his choice of recommendations. Here, however, the applicant was off of work, despite ongoing baclofen usage. The applicant continued to report pain complaints as high as 7-9/10, despite ongoing baclofen usage. Ongoing baclofen usage failed to curtail the applicant's benefit on opioid agents such as Percocet. The applicant continued to report difficulty performing activities of daily living as basic as gripping, grasping, sitting, and walking, despite ongoing baclofen usage. The attending provider continued to renew a rather proscriptive 10-pound lifting limitation from visit to visit, unchanged despite introduction and/or ongoing usage of baclofen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple progress notes, referenced above. The applicant continued to report severe pain complaints in 7-9/10 range despite ongoing Norco usage. The applicant continued to

report difficulty performing activities of daily living such as gripping, grasping, standing, sitting, and walking, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.