

Case Number:	CM15-0009298		
Date Assigned:	01/27/2015	Date of Injury:	08/19/1994
Decision Date:	03/20/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on 8/19/1994. He has reported neck and back pain. The diagnoses have included impingement syndrome, degenerative joint disease in bilateral knees, avascular femoral head necrosis, failed back surgery syndrome, lumbar radiculopathy, headache and facet arthropathy of the cervical spine. Treatment to date has included intrathecal pump, physical therapy, home exercises and medication management. Currently, the IW complains of low back pain. Treatment plan included Baclofen cream for the lumbar spine. On 1/8/2015, Utilization Review non-certified review of Baclofen cream for the lumbar spine, noting the lack of medical necessity. The MTUS was cited. On 1/14/2015, the injured worker submitted an application for IMR for Baclofen cream for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Baclofen cream for the lumbar spine (date of service of 11/5/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 08/19/94 and presents with neck pain and back pain. The retrospective request is for BACLOFEN CREAM FOR THE LUMBAR SPINE DOS: 11/0514. There is no RFA provided and the patient is permanent and stationary. The patient has been using Baclofen cream as early as 06/18/14. MTUS Guidelines page 111 states, There is currently one phase 3 study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen. The patient's diagnoses have included impingement syndrome, degenerative joint disease in bilateral knees, avascular femoral head necrosis, failed back surgery syndrome, lumbar radiculopathy, headache and facet arthropathy of the cervical spine. Due to lack of support from MTUS guidelines, the requested Baclofen cream IS NOT medically necessary.