MAXIMUS Federal Services

Case Number:	CM15-0137474		
Date Assigned:	07/27/2015	Date of Injury:	04/02/2006
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 2, 2006. In a Utilization Review report dated July 10, 2015, the claims administrator partially approved a request for baclofen as a three-month supply of the same. A February 17, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said February 17, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain status post earlier failed cervical spine surgery. The applicant was using baclofen, Soma, and Vicodin, it was reported. The applicant had received multiple Botox injections, it was further noted. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On an RFA form dated March 10, 2015, the applicant was apparently given a year's worth of medications. Once again, the applicant's work status was not explicitly stated. The applicant was described as having developed issues with spasticity following earlier failed cervical spine surgery. Repeat Botox injections were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg one tab 3x/day, QTY: 270/3 months (or #90/month) + 1 year of refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

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 in the treatment of spasticity or multiple spasms related to spinal cord injuries, as was apparently sustained here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's February 17, 2015 progress note did not clearly establish how (or if) ongoing usage of baclofen had or had not proven effective. The applicant's work status was not detailed. The applicant remained dependent on a variety of other forms of medical treatment, including Botox injections, opioid agents such as Vicodin, and/or other muscle relaxants such as Soma. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of baclofen. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not articulate a clear rationale for concomitant usage of two separate muscle relaxants, baclofen and Soma. Therefore, the request was not medically necessary.