

<b>Case Number:</b>	CM15-0142709		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 67-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of October 6, 2011. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for baclofen. The claims administrator referenced a June 17, 2015 order form and an associated progress note of June 15, 2015 in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was using Tylenol and baclofen for pain relief. Bending, carrying, lifting, and standing were main problematic, the treating provider reported. The applicant had a variety of comorbidities including posttraumatic stress syndrome, sleep apnea, hypertension, and asthma, it was reported. Baclofen and Tylenol were renewed. A psychology referral was sought. The attending provider appealed previously denied cognitive behavioral therapy. The applicant's work status was not clearly outlined. The attending provider stated that baclofen was generating a 40% reduction in muscle spasm toward the top of the note. On July 13, 2015, the applicant again reported primarily complaints of low back pain, exacerbated by lifting and standing. The attending provider again stated that the baclofen had reduced the applicant's muscle spasms by 40%. Once again, the applicant's work status was not outlined. Spine surgery was sought. Once again, the applicant's work status was not outlined, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS 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 orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries, here, however, there was no mention that the applicant was having issues with spinal cord injury-induced muscle spasms and/or multiple sclerosis-induced muscle spasms. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen can be employed off label for neuropathic pain, as was reportedly present 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 recommendation. Here, while the attending provider did report some reduction of muscle spasms effected as a results of ongoing baclofen usage, these reports were, however, outweighed by the attending provider's clearly recount of the applicant's work status on progress notes of July 13, 2015 and June 15, 2015 and the attending providers commentary on June 15, 2015 to the effect that the applicant is still having difficulty performing activities of daily living as basic as bending, carrying, lifting, and standing. It did not appear, in short, that ongoing usage of baclofen had generated concrete evidence of functional improvement in terms of the parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.