MAXIMUS Federal Services

Case Number:	CM15-0146259		
Date Assigned:	08/10/2015	Date of Injury:	05/27/1985
Decision Date:	09/23/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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 58-year-old who has filed a claim for chronic low back, knee, and hip pain reportedly associated with an industrial injury of May 27, 1985. In a utilization review report dated July 20, 2015, the claims administrator failed to approve a request for baclofen. The claims administrator did apparently issue a partial approval for weaning or tapering purposes. The claims administrator referenced an RFA form dated July 8, 2015 in its determination. The full text of the UR report and/or name of the utilization review report was not seemingly attached to the application. In a letter dated July 28, 2015, the applicant personally appealed, stating that the usage of baclofen and ibuprofen were allowing her to work and perform activities of daily living routinely. The applicant contended that her medications, namely, baclofen and Motrin, had facilitated her maintaining successful return to work status. The applicant contended that she developed side effects with and/or had tried a variety of medications in the past, without relief, including Soma, Flexeril, Skelaxin, Robaxin, Mobic, Celebrex, etc. On April 10, 2015, the applicant reported ongoing complaints of low back pain. The applicant maintained that she continued to work on a part-time basis. The applicant was able to ambulate longer distances, it was reported. The applicant was receiving osteopathic manipulative therapy, it was reported. The applicant's medication list included Motrin, baclofen, Avapro, and Tenormin, it was reported. The applicant received trigger point injections in the clinic and was apparently returned to part-time work. On July 8, 2015, the applicant, once again, was returned to part-time work. The applicant was working at a rate of 4 to 5 hours a day, it was stated. The applicant reported diminished pain complaints. The applicant received manipulative therapy. Baclofen was renewed. The applicant was returned to part-time work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #100 x 3 refills: Overturned

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

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: Yes, the request for Baclofen was medically necessary, medically appropriate, and indicated here. As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm associated with multiple sclerosis and spinal cord injuries but can be employed off label for paroxysmal neuropathic pain, as was seemingly present here in the form of the applicant's lumbar radiculopathy. Both the applicant and the treating providers contended that ongoing usage of Baclofen had attenuated her pain scores and facilitated her return to work on a part-time basis. The applicant also personally contended in her letter dated July 20, 2015 that she had developed side effects to a variety of other medications. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, continued usage of Baclofen was, thus, indicated, given the applicant's reports of intolerance to and/or failure of multiple other analgesic medications. Therefore, the request was medically necessary.