

Case Number:	CM15-0163438		
Date Assigned:	08/31/2015	Date of Injury:	03/29/2013
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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 47-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 29, 2013. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for baclofen. The claims administrator referenced a July 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an RFA form dated August 3, 2015, physical therapy, oxycodone and baclofen were endorsed. In an associated work status report of July 27, 2015, the applicant was placed off of work, on total temporary disability. On an associated progress note of the same date, July 27, 2015, handwritten, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was placed off of work. The applicant reported difficulty lying down on the injured shoulder. The note was very difficult to follow, handwritten, and not altogether legible. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60, BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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, is 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 of muscle spasm associated with multiple sclerosis but can be employed for off-label use for neuropathic pain, 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 applicant remained off of work, on total temporary disability it was reported on July 27, 2015. Said handwritten July 27, 2015 progress note failed to incorporate any seeming discussion of medication efficacy. Ongoing use of baclofen failed to curtail the applicant's dependence on opioid agents such as oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.