

Case Number:	CM15-0183374		
Date Assigned:	09/24/2015	Date of Injury:	01/27/1988
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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 neck and low back pain reportedly associated with an industrial injury of January 27, 1988. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve requests for baclofen and Lidoderm patches. The claims administrator referenced an August 27, 2015 RFA and an associated August 20, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said August 20, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain. Baclofen, Lidoderm, and Norco were renewed, as were the applicant's permanent work restrictions. The treating provider acknowledged that the applicant was not working with said limitations in place. The attending provider stated that applicant was deriving appropriate analgesia from ongoing medication consumption, but did not, however, elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Baclofen 10mg, #15 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

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/or muscle spasms associated with multiple sclerosis and/or spinal cord injuries, but can be employed for unlabeled use of neuropathic pain, as was seemingly 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 recommendations. Here, however, it did not appear that ongoing usage of baclofen had proven particularly effectual. The applicant was not working, it was reported on August 20, 2015. Permanent work restrictions were renewed on that date, seemingly unchanged from prior visits. The applicant remained dependent on opioid agents such as Norco. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing baclofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.

1 Prescription of Lidoderm 5% patch #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the August 10, 2015 office visit at issue made no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.