

Case Number:	CM15-0022640		
Date Assigned:	03/24/2015	Date of Injury:	11/12/1998
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 12, 1998. In a Utilization Review Report dated January 28, 2015, the claims administrator partially approved the request for baclofen, apparently for weaning or tapering purposes, while approving methadone, Lyrica, and Norco. Urine drug screening was conditionally denied. January 13, 2015 note was referenced in its determination. The applicant's attorney subsequently appealed. In an RFA form dated January 14, 2015, Norco, baclofen, methadone, and Lyrica were endorsed. In an associated progress note of January 13, 2015, the applicant was asked to remain off of work, on total temporary disability, for the next one year. 8/10 pain without medications versus 3-4/10 pain with medications was reported. Limited range of motion was noted. Overall, documentation was sparse. The applicant was described as ambulating with difficulty both on this occasion and on earlier note dated September 11, 2014. On February 9, 2015, the attending provider suggested that the applicant had benefited through a functional restoration program. On March 10, 2015, the applicant was apparently using a cane to move about. The applicant was in obvious discomfort. The applicant was experiencing difficulty traveling.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Baclofen 10mg #90 Between 1/13/2015 and 3/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal).

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 only for the treatment of spasticity and muscle spasm associated with multiple sclerosis and/or spinal cord injuries, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, the attending provider acknowledged on multiple progress notes, referenced above, including on March 10, 2015, January 13, 2015, and September 11, 2014. The applicant continued to report pain complaints as high as 6-7/10, at times, despite ongoing baclofen usage. Ongoing baclofen usage failed to curtail the applicant dependence on opioid agents such as Norco and methadone. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking, was still using a cane to move about, despite ongoing usage of baclofen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.