

<b>Case Number:</b>	CM15-0213345		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 (LBP) reportedly associated with an industrial injury of October 11, 2013. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for baclofen, Diclofenac, and a topical compounded agent. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 9, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to bilateral lower extremities, 7/10. Twelve sessions of manipulative therapy, 12 sessions of physical therapy, the topical compounded agent in question, Diclofenac, Neurontin, baclofen, and an epidural steroid injection were sought. The applicant's work status was not clearly stated, although the treating provider reported that the applicant's prognosis was "guarded," suggesting that the applicant was not, in fact, working. It was not clearly stated or clearly established whether the medications in question represented a first-time request or renewal request. The office visit in question was, however, framed as a follow-up office visit. On July 1, 2015, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of and issues with chronic low back pain. The applicant was using Tramadol, the treating provider acknowledged toward the top of the note. Baclofen, Diclofenac, and omeprazole were prescribed, it was stated at the bottom of the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg one bottle #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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 in the treatment of spasticity and/or muscle spasm associated with multiple sclerosis and/or spinal cord injuries but can be employed off label for neuropathic pain, as was seemingly present in the form of the applicant's ongoing lumbar radicular pain complaints. 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 was seemingly off work, it was suggested on September 9, 2015. The applicant remained off work several months removed from the date baclofen had first been introduced on July 1, 2015. The fact that physical therapy, manipulative therapy, and epidural steroid injection were all ordered on September 9, 2015, coupled with the applicant's seeming failure to return to work, taken together suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior usage of baclofen. Therefore, the request was not medically necessary.

**Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% 240g cream #1: Upheld**

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

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

**Decision rationale:** Similarly, the request for a flurbiprofen-diclofenac-gabapentin-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Diclofenac 75mg one bottle #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

**Decision rationale:** Finally, the request for Diclofenac, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain 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 incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant seemingly remained off work, the treating provider suggested on the September 9, 2015 office visit at issue. The applicant's prognosis was described as "guarded," the treating provider reported on that date. Pain complaints as high as 7/10 were evident. Ongoing usage of Diclofenac failed to curtail the applicant's dependence on a variety of other medical treatments, including topical compounds, physical therapy, manipulative therapy, and/or epidural steroid injection therapy. 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 was not medically necessary.