MAXIMUS Federal Services

Case Number:	CM15-0219530		
Date Assigned:	11/12/2015	Date of Injury:	11/29/2014
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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 neck, shoulder, and low back pain reportedly associated with an industrial injury of November 19, 2014. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve a request for Baclofen while apparently approving a request for Norco. A September 29, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said September 26, 2015 office visit, the applicant reported 7/10 pain with medication versus 9/10 without medications. The applicant's medication list includes Zanaflex, Zorvolex, Amrix, Lunesta, Norco, Baclofen, Motrin, Concerta, diclofenac, Inderal, Aldactone, and Skelaxin, the treating provider reported. The applicant was overweight, with a BMI of 30, the treating provider reported. Norco, Baclofen, and Motrin were all ultimately renewed, while the applicant was placed off of work, on total temporary disability. The treating provider acknowledged that the applicant's day-to-day activity levels had diminished since the last visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg QTY 45.00: 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 anti-spasmodic 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 associated with multiple sclerosis and/or spinal cord injuries, but can be employed off-label for neuropathic pain, as was seemingly present here, this recommendation is, however, contravened by commentary made on the 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, as of the date in question, September 29, 2015. Ongoing usage of Baclofen failed to curtail the applicant's dependence on opioid agents, such as Norco, the treating provider acknowledged. The applicant's activity levels were diminished, the treating provider reported on the date in question. 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.