

<b>Case Number:</b>	CM15-0052062		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 52-year-old who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 10, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a cervical fusion surgery; and unspecified amounts of physical therapy. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for placement of an intrathecal baclofen pump. The claims administrator referenced an RFA form received on February 19, 2015 in its determination as well as a progress note of January 15, 2015. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 16, 2015, the attending provider seemingly reiterated his request for baclofen pump, suggesting that the applicant had had successful seven-day trial of the same. The applicant still had issues with depression and anxiety requiring usage of Zoloft, it was incidentally noted. The note was very difficult to follow and not altogether legible. The applicant was reportedly using oral Neurontin, Zoloft, baclofen, Colace, and Norco, it was suggested. In a letter dated March 19, 2015, the attending provider also sought authorization for a home health aide, stating that the applicant had issues with unsteadiness and gait derangement. In a July 24, 2014 progress note, handwritten, the applicant was placed off of work, on total temporary disability, while oral baclofen, Colace, MiraLax, Zoloft, Neurontin, and Norco were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient placement of Baclofen pump to be done by a doctor: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems; Intrathecal drug delivery systems, medications; Intrathecal drug delivery systems, medications Page(s): 53; 55; 52.

**Decision rationale:** No, the request for an intrathecal baclofen pump was not medically necessary, medically appropriate, or indicated here. While page 53 of the MTUS Chronic Pain Medical Treatment Guidelines notes that one of the indications for an implantable drug-delivery system is severe, refractory spasticity of spinal cord origin in applicants who cannot tolerate oral baclofen, in this case, however, the attending provider's handwritten progress note of March 2015 and July 2014 seemingly suggested that the applicant was in fact using and/or tolerating oral baclofen, seemingly obviating the need for the request in question. Page 55 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that intrathecal baclofen is a third stage intrathecal drug delivery option. Here, however, the attending provider seemingly suggested that baclofen would be employed as a first-line medication in the intrathecal pain pump in question. Finally, page 52 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that intrathecal drug delivery systems be employed only in applicants who have undergone a successful temporary trial of the same. Here, however, the attending provider did not outline any meaningful or material improvements in function effected as a result of the intrathecal baclofen trial. The applicant remained off of work, it was suggested above. The applicant remained dependent on oral pharmaceuticals such as Norco. The applicant continued to report difficulty-performing activities of daily living as basic as standing and walking, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite implantation of a temporary baclofen pump. Therefore, the request for a permanently implantable baclofen pump was not medically necessary.