

<b>Case Number:</b>	CM15-0018448		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	11/27/1998
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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, Ohio, 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] employee who has filed claim for chronic low back pain reportedly associated with an industrial injury of November 23, 1998. In a Utilization Review Report dated December 23, 2014, the claims administrator partially approved a request for Celebrex and denied a request for baclofen. The claims administrator referenced a December 16, 2014 progress note in its determination. The claims administrator did, it is incidentally noted, approve a request for Lyrica outright. The applicant's attorney subsequently appealed. On December 20, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg. 5/10 pain complaints were noted. The applicant was using OxyContin, Prilosec, Percocet, Lunesta, dietary supplements, Celebrex, lidocaine, and baclofen, it was acknowledged. The applicant was not working and receiving both worker's compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was noted. Multiple medications were renewed. The applicant is status post failed lumbar spine surgery. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Replacement of TENS unit was endorsed. The applicant was obese with a BMI of 30. On October 27, 2014, the applicant reported persistent complaints of low back pain. Epidural steroid injection therapy was sought. The applicant reported issues with sleep disturbance. 6/10 pain complaints were reported with medications. The applicant was not working and was receiving both worker's compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. The applicant was using a variety of

medications, including OxyContin, baclofen, Celebrex, Percocet, Prevacid, lidocaine, Lunesta, and tizanidine, it was acknowledged. Replacement of a TENS Unit was again proposed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10mg #120 refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment.

**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 subsequent to multiple sclerosis and/or spinal cord injuries, but can be employed off label for neuropathic pain as was/is present here. 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 his choice of recommendations. Here, however, the applicant was/is off of work. The applicant was receiving both worker's compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged on multiple progress notes of late 2014, referenced above. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioids agents such as OxyContin, Percocet, Dilaudid, etc. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing baclofen usage (if any). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing baclofen usage. Therefore, the request was not medically necessary.

**Celebrex 200mg #30 refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.

**Decision rationale:** Similarly, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitor such as Celebrex can be employed in applicants who have heightened risk of GI complications which would prevent provision of nonselective NSAID such as Motrin or Naprosyn. In this case, however, there was no mention of the applicant's having issues with non-selective NSAIDs, so as

to compel provision of Celebrex. It was further noted that, as with the request for baclofen, that the applicant failed to demonstrate any significant benefit despite ongoing Celebrex usage. The applicant remained off of work. The applicant was receiving both worker's compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits. The applicant continued to report pain complaints as high as 6/10, despite ongoing Celebrex usage. Ongoing Celebrex usage failed to curtail the applicant's dependence on opioid agents such as OxyContin, Percocet, Dilaudid, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request is not medically necessary.