

<b>Case Number:</b>	CM15-0126777		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 40 year old male, who sustained an industrial injury on 12/27/12. The injured worker suffers from chronic intractable pain and continues to have severe swelling, hypersensitivity, allodynia and inability to move his right hand at all. The documentation noted that there is no range of motion of the hands and fingers and wrist and limited range of motion of the right shoulder and elbow. The documentation noted that there is visible tremor in his right upper extremity. The diagnoses have included reflex sympathetic dystrophy of the upper limb. Treatment to date has included spinal cord stimulator implantation; Cymbalta, Lyrica and gabapentin all failed and had side effects; uses Norco for pain; Baclofen and compound topical cream. The request was for Baclofen 10mg quantity 60 and chronic pain functional rehab program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The claimant sustained a work-related injury in December 2012 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. Failed treatments include a spinal cord stimulator. When seen, he was having increasing swelling and shacking and was concerned about his worsening condition. Physical examination findings were consistent with CRPS and a nonfunctional right upper extremity. Norco, Baclofen, and a topical compounded cream were refilled. Oral Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. In this case, there is no identified new injury or acute exacerbation and Baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request was not medically necessary.

**Chronic Pain Functional Rehab Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127, 156.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 40.

**Decision rationale:** The claimant sustained a work-related injury in December 2012 and continues to be treated for right upper extremity pain including a diagnosis of CRPS. Failed treatments include a spinal cord stimulator. When seen, he was having increasing swelling and shacking and was concerned about his worsening condition. Physical examination findings were consistent with CRPS and a nonfunctional right upper extremity. Norco, Baclofen, and a topical compounded cream were refilled. A chronic pain program can be recommended for selected patients with chronic disabling pain. Research is ongoing as to how to most appropriately screen for inclusion in these programs. Criteria for participation include an adequate and thorough evaluation, including baseline functional testing. In this case, the claimant needs to undergo an evaluation first before there can be consideration of participating in a chronic pain program. The request for treatment in a program without an evaluation was not medically necessary.