

<b>Case Number:</b>	CM15-0179357		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 71-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of April 6, 2011. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve requests for baclofen, omeprazole, and a topical compounded agent. The claims administrator referenced a July 28, 2015 office visit and an associated RFA form of August 7, 2015 in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain. The applicant was asked to pursue a cervical epidural steroid injection. A motorized cold therapy unit following the injection was sought, while baclofen, omeprazole, tramadol, and a topical compounded agent in question were endorsed. No seeming discussion of medication efficacy transpired. The attending provider contended that the applicant was using omeprazole for epigastric pain. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On a medical-legal evaluation dated July 6, 2015, the applicant reported ongoing issues with upper back pain, mid back pain, low back pain, neck pain, and facial pain, 6-8/10. The applicant had had superimposed diabetes, it was reported. The applicant also reported issues with depression, anxiety, tinnitus, hearing loss, and headaches. The applicant stated that he was having difficulty negotiating stairs, standing, sitting, walking, and sleeping secondary to his pain complaints. The medical-legal evaluator conducted a comprehensive survey of records, suggesting that the applicant had been off of work for large portions of the claim, including as of office visits of June 17, 2014, September 8, 2014, and December 8, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Baclofen 20mg 2 times daily for muscle relaxation, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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:** While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is FDA approved in the treatment of spasticity and/or muscle spasms 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, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and 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, a medical-legal evaluator acknowledged on July 6, 2015. Pain complaints as high as 6-8/10 were reported on that day. The applicant reported difficulty performing activities as basic as sitting, standing, walking, sleeping, and/or negotiating stairs secondary to pain complaints. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as tramadol, the treating provider reported on June 30, 2015. No seeming discussion of medication efficacy transpired on said progress note of June 30, 2015. 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.

### **Omeprazole 20mg 2 times daily for epigastric pain secondary to pain medication, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on June 30, 2015. Rather, it was stated that the applicant was using omeprazole for issues with epigastric pain. These issues were not, however, elaborated or expounded upon. It did not appear that these issues were in fact a manifestation of reflux. Therefore, the request was not medically necessary.

**Compound analgesic cream: Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% for the symptomatic relief of pain in the lumbosacral area and cervical area:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, 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.