

Case Number:	CM15-0023978		
Date Assigned:	02/13/2015	Date of Injury:	05/08/2003
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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 50-year-old State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 8, 2003. In a utilization review report dated January 20, 2015, the claims administrator failed to approve a request for Baclofen, referencing historical utilization review reports in its determination. A December 12, 2014 progress note was also briefly alluded to. The applicant's attorney subsequently appealed. On December 6, 2014, the applicant reported persistent complaints of low back pain, reportedly severe, status post failed lumbar spine surgery. The applicant was using both short-acting morphine and MS Contin. The applicant's complete medication list was not detailed. The applicant did not appear to be working with permanent limitations in place. The applicant's pain complaints were described as chronic and severe. On November 14, 2014, the applicant again reported persistent complaints of low back pain, 9/10. The applicant was quite obese, weighing 232 pounds despite standing 68 inches tall. The applicant's complete medication list was not clearly detailed on this occasion. On October 8, 2014, the applicant did receive refills of morphine and Baclofen. The attending provider contented that the applicant would be bedbound without his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

Decision rationale: 1. 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 FDA approved in the management of spasticity associated with 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 work, despite ongoing usage of Baclofen. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant continues to report ongoing complaints of severe pain, despite ongoing Baclofen usage. Ongoing usage of Baclofen has failed to curtail the applicant's dependence on opioid agents such as morphine. The applicant continues to report pain complaints in the severe range. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing Baclofen usage. Therefore, the request was not medically necessary.

Baclofen 10mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: 2. 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 FDA approved in the management of spasticity associated with 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 work, despite ongoing usage of Baclofen. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant continues to report ongoing complaints of severe pain, despite ongoing Baclofen usage. Ongoing usage of Baclofen has failed to curtail the applicant's dependence on opioid agents such as morphine. The applicant continues to report

pain complaints in the severe range. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing Baclofen usage. Therefore, the request was not medically necessary.