

<b>Case Number:</b>	CM15-0078501		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 56-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 7, 2004. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve a request for baclofen prescribed on April 3, 2015. The applicant's attorney subsequently appealed. On September 24, 2014, the applicant was placed off of work, on total temporary disability, while Lunesta, oxycodone, morphine, and Valium were renewed. Ongoing complaints of low back and neck pain were noted. The applicant failed earlier cervical spine surgery, it was reported. On February 12, 2015, the applicant was placed off of work, on total temporary disability, while Lunesta, oxycodone, Valium, and OxyContin were renewed. 8/10 low back pain was reported. Once again, the applicant was kept off of work. There was no mention of the applicant's using baclofen on this occasion. On April 7, 2015, the applicant reported persistent complaints of low back pain with derivative complaints of depression and anxiety. The applicant's medication list included OxyContin, oxycodone, Remeron, Effexor, and baclofen, it was stated in the medications section of the note. The applicant's BMI was 26. No discussion of medication efficacy transpired on this date. The applicant was asked to pursue an ENT evaluation request for endoscopy. In an earlier note dated March 10, 2015, the applicant was again described as having stomach acid, leg pain, arm pain, and shoulder pain. The applicant's medication list did not include baclofen on this occasion and reportedly comprised of OxyContin, oxycodone, Remeron, Effexor, and Lunesta, it was suggested. On March 27, 2015, the applicant reported multifocal pain complaints and derivative complaints of depression reportedly attributed to

cumulative trauma at work. The applicant reported 10/10 pain without medications versus 7/10 with medications. The note was very difficult to follow. The attending provider did not detail or document the applicant's complete medication list. On March 4, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed cervical spine surgery. Ancillary complaints of low back pain, depression, anxiety, and sexual dysfunction were reported. DNA testing, urine drug testing, Effexor, Inderal, Remeron, Lunesta, baclofen, Valium, OxyContin, and oxycodone were endorsed.

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

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

**Baclofen tab 10mg Day supply: 30 Qty: 60 Refills: 00 (Rx Date: 04/03/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) Page(s): 64.

**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 the baclofen is recommended orally in the treatment of spasticity and/or muscle spasms associated with multiple sclerosis, but can be employed off label for neuropathic pain, 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 off of work, it was suggested on multiple office visits, referenced above. Ongoing usage of baclofen had failed to curtail the applicant's dependence on opioids agents such as OxyContin and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing, prior usage of baclofen. Therefore, the request is not medically necessary.