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| Case Number: | CM14-0140827 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 08/26/1999 |
| Decision Date: | 10/06/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the documents available for review, the patient is a 70 year old female. The date of injury is August 26, 1999. Patient sustained an injury to the cervical spine. The specific mechanism of injury was not elaborated on in the notes available for review. The patient subsequently underwent C4 - C5 laminectomy. Patient currently complains of neck pain and associated spasm. Patient is maintained any multimodal pain medication regimen including baclofen. He request for baclofen was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 3 refills qty 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: According to the MTUS, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). (ICSI, 2007). According to the documents available for review,

patient has none of the MTUS / FDA recommended indications for the use of this medication. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.