

<b>Case Number:</b>	CM13-0016199		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/09/2003
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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:

The underlying date of injury in this case is 05/11/2007. The patient is a 39-year-old woman with reported diagnoses of a repetitive strain disorder affecting the right shoulder and both wrists. Treating diagnoses have included left shoulder osteoarthropathy, right shoulder pain, C5-6 protrusion with refractory radiculopathy, and cervical spondylosis. An initial physician review recommended non-certification for a drug test, noting that this request was retroactive to 10/29/2012, and previously 5 days earlier on 10/24/2012 the patient had been tested for multiple substances.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg # 90 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Section on Muscle Relaxants states regarding Baclofen on page 64, "It is recommended orally for the treatment of spasticity and muscle spasm related to

multiple sclerosis and spinal cord injuries." This medication, therefore, is indicated for patients with central nervous system conditions, most notably spinal cord lesions. The medical records do not document such a diagnosis in this case. The medical records do not support an indication for this request.

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Drug Testing, page 43, states, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Implicit in this guideline is the recommendation to specify the frequency of desired drug testing and to document these goals and results of such testing in the medical record. It is unclear from the available record on what dates the patient previously had undergone drug testing and therefore the frequency at which this testing is intended to be performed into the future. At this time, I recommend this request be noncertified.