

Case Number:	CM13-0026121		
Date Assigned:	11/22/2013	Date of Injury:	05/11/2009
Decision Date:	02/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

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 & 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 patient is a 25-year-old female who reported an injury on 08/11/2009. The patient was seen on 08/16/2013 for bilateral low back pain radiating into bilateral buttocks and bilateral lower extremities. The patient reported intermittent lumbar spasms with a pain of 6/10 on a Visual Analog Scale. The patient stated that exacerbating factors are prolonged sitting, prolonged standing, lifting, twisting, driving, lying down, and any activities. Mitigating factors include medications, using lumbar support, and pillows under the legs. The patient's current medications are listed as Prilosec 20 mg, Xanax as needed, and spironolactone. The patient has previously utilized Lyrica, Dilaudid, hydromorphone, Lunesta, Ambien, Neurontin, oxycodone, fentanyl patch, clonazepam, Soma, Nucynta, temazepam, and Percocet. On 10/17/2013, the patient underwent a Functional Capacity Evaluation whereupon she reported that she has participated in aquatic and land therapy. The patient stated she did not find therapy very helpful because the activity she performed exacerbated her symptoms. Her current exercise program consists of walking, stretching, and body weight exercises. The physician is now requesting Baclofen 10 mg 1 tablet by mouth 3 times a day as needed for spasms, a total of 30 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg 1 tab p.o. t.i.d p.r.n. spasm, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS Page(s): 64.

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

Decision rationale: Regarding the request, under California Medical Treatment Utilization Schedule (MTUS), it states that Baclofen uses the mechanism of action as a blockade of a presynaptic and postsynaptic gamma-aminobutyric acid receptors. It is recommended orally for the treatment of spasticity and muscle spasms 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). In the case of this patient, she sustained a work-related injury on 05/11/2009 and has been reporting low back pain and radicular symptoms to include muscle spasms. The patient has tried other medications such as muscle relaxants to include Soma and benzodiazepines to help alleviate her spasms. The Guidelines do not support the use of this class of medication for longer than two to three weeks, and as there is no documentation indicating the patient has sustained a spinal cord injury or has been diagnosed with multiple sclerosis, the requested service cannot be warranted at this time. As such, the requested service is non-certified.