

<b>Case Number:</b>	CM13-0036903		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, 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:

This 36 year old right handed female was injured in a motor vehicle accident in February of 2012; she suffered a neck injury, and underwent a C1-2 neck fusion in March of 2012. She describes intermittent "tingling" paresthesias of the arms occurring weekly, worse on the left. She also describes left hand and forearm tingling that wakes her up at night, as well as intermittent proximal positional weakness of both arms, worse on the left, an example of which is her inability to carry a child for a prolonged period of time. She describes neck pain that radiates to her right shoulder, as well as down her left arm. The neurology report dated 1/27/13 reported that the extensive electrodiagnostic study of the left upper extremity was normal. There was no evidence of cervical radiculopathy, focal mononeuropathy, or peripheral nerve injury of the left upper extremity. The combined sensory index (CSI) is -0.3 milliseconds with normal being <1.1 milliseconds. A progress note dated 9/4/13 indicates that the claimant has pain rated 4/10. The claimant reports that her headaches are triggered by trapezius and shoulder girdle muscle tightness. The pain also radiates to the bilateral arms and causes numbness/tingling. The claimant noted 1.5 weeks ago that she was unable to move her arm, secondary to muscle spasms in the neck, which has been resolved. The claimant was given baclofen in place of Flexeril with improvement in symptoms. The claimant is taking up to 2000-3000mg of Tylenol daily, and up to 3600mg Ibuprofen daily. It is noted that dizziness is improving with vestibular therapy. The claimant has intermittent neck pain rated 4-8/10 with a quality of muscle spasm and ache. It radiates in the bilateral shoulder and hands. The pain is relieved with physical therapy, vestibular therapy, Ibuprofen, and Tylenol The claimant has had her 3rd occipital injection, which was helpful. The claimant has allergies to aspirin, Compazine, Demerol, Erythromycin, and Penicillin. The claimant's

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines for muscle relaxants, the mechanism of action for Baclofen is blockade of the pre- and post-synaptic GABAB receptors. It 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. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. This drug should not be discontinued abruptly, as withdrawal includes the risk of hallucinations and seizures. It should be used cautiously in the case of patients with renal and liver impairment. Dosing recommendations are as follows: 5 mg orally, three times a day; upward titration can be made every 3 days up to a maximum dose of 80 mg a day. As the patient does not have multiple sclerosis or spinal cord injuries, according to the electro-diagnostic studies report, this medication would not be recommended. Also, without a specific dosing request, approval cannot be granted. Therefore, the request is non-certified.