

Case Number:	CM13-0040817		
Date Assigned:	12/20/2013	Date of Injury:	09/28/2012
Decision Date:	11/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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:

This is a male patient with a date of injury of September 28, 2012. A utilization review determination dated September 24, 2013 recommends non-certification of baclofen 10 mg #180. A progress note dated August 23, 2014 identifies subjective complaints of increased pain level since the last visit, no new problems or side effects, quality sleep is poor, the patient is not trying any other therapies for pain relief, the patient denies any new injury since his last visit, quality of life has remained the same, activity level has remained the same, the patient is taking his medications as prescribed, and the patient states that the medications are less effective. Physical examination identifies straightening of the cervical spine with loss of normal lordosis, cervical spine range of motion is limited, there is tenderness and tight muscle bands of bilateral paravertebral muscles, the lumbar spine has straightening with loss of normal lordosis, range of motion is restricted, there is positive lumbar facet loading on both sides, straight leg raising test is positive on both sides in seated position at 65, and FABER test is positive. The diagnoses include cervical pain and low back pain. The treatment plan recommends referral to a chiropractor for six sessions to address low back pain and cervical pain, referral to a spine surgeon, increase Baclofen 10mg to 6 per day, increase Nucynta 50mg to 6 per day, continue with Celebrex 200mg, and prescription for Ambien 10mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Baclofen 10 mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen 10mg #180, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen 10mg #180 is not medically necessary.