

Case Number:	CM13-0047146		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2003
Decision Date:	03/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Interventional Spine 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 44-year-old female with date of injury on 08/15/2003. The progress report dated 10/14/2013 by [REDACTED] indicates that the patient's diagnoses include spondylosis, cervical, with myelopathy, cervical disk displacement without myelopathy, stenosis in lumbar spine, lumbar disk displacement without myelopathy, cervical disk displacement without myelopathy, long-term use of medications ADC, and therapeutic drug monitor. The patient presented with severe neck pain. She had recently been in the hospital again. It was reported that the patient had many falls. She uses a walker for ambulation. Exam findings from follow-up visit on 10/21/2013 indicate that the patient has a weakness in the upper extremity. She has decreased grip strength in the left hand compared to the right. She has decreased strength of the left arm flexion, as well as extension. She has difficulty walking and standing. She has profound muscle spasms in her calf bilaterally. The patient was taken off Zanaflex and started on Baclofen to take every 8 hours p.r.n. for spasm. The utilization review letter dated 10/25/2013 issued a non-certification for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with significant neck pain and muscle spasm noted in the lower extremities. The Chronic Pain Medical Treatment Guidelines state that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The records indicate that the patient was on Soma on the 06/24/2013 report, which indicates that the patient was switched to Zanaflex. Zanaflex was continued until 10/14/2013 when the patient was then switched to Baclofen. Baclofen appears to be continued as of the 12/02/2013 progress report. The long-term use of muscle relaxants is not recommended by the Chronic Pain Medical Treatment Guidelines. Therefore, the requested Baclofen 10mg #90 is not medically necessary and appropriate