

<b>Case Number:</b>	CM13-0053105		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/17/2002
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational 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:

The patient is an employee of [REDACTED] and has submitted a claim for low back and lower extremity pain with an industrial injury date of January 17, 2002. Treatment to date has included IT pump, physical therapy, acupuncture, psychotherapy, chiropractic treatment, massage therapy, facet blocks, and medications, including Baclofen 10 mg 1 PO q8hrs PRN spasm MAX 3/day (since August 6, 2013), which provided reduced spasms. A utilization review from October 29, 2013 modified the request for Baclofen to allow for tapering and discontinuation. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of dull, aching, and sharp low back and lower extremity pain, 5/10, radiating to the buttocks, associated with numbness in the right anterior lateral calf. Improving factors were lying down and staying fit while twisting was an aggravating factor. Pain was reduced by 40-50% with her IT pump. On physical examination, lower back was "improved" with slight limited range of motion due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 BACLOFEN 10MG, 1 EVERY 8 HOURS AS NEEDED (MAXIMUM OF 3 PER DAY), WITH THREE REFILLS:** Upheld

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

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

**Decision rationale:** According to page 63 of the MTUS Chronic Pain Guidelines, non-sedating 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 (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene, and Baclofen. In this case, the patient has been on baclofen since August 2013; however, objective evidence of functional improvement was not documented. Moreover, Baclofen is not intended for long-term use and is one of the drugs with the most limited published evidence of effectiveness as per the MTUS Chronic Pain Guidelines stated above . Therefore, the request is not medically necessary and appropriate.