

<b>Case Number:</b>	CM13-0054970		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/10/2000
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Orthopedic Surgery 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 claimant is a 56-year-old gentleman who was injured in a work related accident on October 10, 2000 when he was pulling a hose and sustained an acute injury to the low back. The claimant is currently under the care of a pain management physician who apparently passed away. The claimant's most recent pain management assessment was on November 20, 2013 by [REDACTED] who documented that the claimant had continued complaints of low back pain and was utilizing medications to include Baclofen, Diazepam, Fentanyl, Motrin, MS Contin, and MiraLAX. Formal physical examination findings were not noted. The claimant's current working diagnosis was failed spinal surgery syndrome with ongoing axial pain and neuropathic pain and claudication to the lower extremities. Continuation of the above medications was recommended. This review is to determine the medical necessity for continued use of Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN 20 MG, #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**Decision rationale:** Based on the California MTUS Chronic Pain Guidelines, the request for continuation of Baclofen cannot be supported. The records document that the claimant is over 13 years post injury. According to the Chronic Pain Guidelines for use of muscle relaxants in the chronic setting, they are only recommended with caution as a second line option for short term symptomatic pain relief in an acute exacerbation. The records for review do not identify that the claimant is experiencing a chronic flare of his symptoms to support the use of Baclofen. There is no indication for continued use of this agent given the claimant's current clinical presentation.