MAXIMUS Federal Services

Case Number:	CM13-0059735		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2002
Decision Date:	05/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 72-year-old female who sustained back injuries associated with being thrown when computer wiring was pulled up from under her and as a result of tripping over carpeting on 01/13/1999 and 04/11/2002, respectively. She underwent a primary treating physician's new patient consultation on 11/07/13 in which she states she has achy low back pain that radiates into both of her legs, worse on the left, which occurs predominately at night that is worsened by standing and walking for prolonged periods of time. With the use of pain medications, her pain is a 4/10 and without medication it is a 6-7/10. Her physical exam on this date documents lumbar paraspinal and sacroiliac joint tenderness bilaterally, has full extension and flexion with pain upon extension, but a negative Patrick's and Gaenslen's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF BACLOFEN 20MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MUSCLE RELAXANTS, (FOR PAIN)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MUSCLE RELAXANTS (FOR PAIN) - ANTISPASTICITY DRUG, Page(s): 64.

Decision rationale: Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also noted to have benefits for treating lancinating, paroxysmal neuropathic pain such as trigeminal neuralgia; but this is an off label non- FDA approved use of this medication. Although the patient has subjectively stated muscle spasms and cramping and history of previous medication prescription use, the MTUS Guidelines are specific in Baclofen's use; "spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." I find that the medication is not medically necessary as the patient has neither of the medical conditions warranting use of Baclofen for treatment.