MAXIMUS Federal Services

Case Number:	CM13-0062533		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2012
Decision Date:	04/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation, and is licensed to practice in Texas. 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 30-year-old female who reported injury on 01/03/2012. The mechanism of injury was noted to be the patient was at a code blue in the ICU and there was a lot of garbage around on the floor. The patient was noted to have to trash the garbage and was pulling and lifting several trashcans, sustaining pain in her back. The patient was noted to be taking muscle relaxants since 11/15/2012. The clinical documentation dated 10/30/2013 revealed the patient's medications were Percocet 10/325, Paxil 20 mg, Zanaflex 4 mg, and Ambien 5 mg at bedtime. The patient indicated that they were having a significant flare up since starting her second 8 sessions of chiropractic treatments. Objectively, the patient had a significant flare of spasm and pain in the neck and increased tenderness throughout the cervical spine. The patient was noted to look tight and had spasms upon palpation and had a significant decreased range of motion secondary to pain and spasm. The diagnoses were noted to include neck pain, persistent left-sided low back pain and headaches. The discussion/plan was the physician was adding baclofen 20 mg to take 1 to 2 per day in conjunction with the Zanaflex to see if it helped with neck spasm exacerbation. The patient was given a prescription for Percocet 10/325 #120 to be filled on the next day that her prescription was due, and was given a separate prescription for Paxil 20 mg 1 daily #30, and baclofen 20 mg 1 twice a day to fill and start as of the date of examination. The patient was instructed to put heat compresses on her neck, rest, and take all other medications as directed. The request was made for Paxil 20 mg and massage therapy 2 times a week for 3 weeks for a short course for the acute neck spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for short-term treatment of acute pain. The duration should be less than 3 weeks. The patient should have documentation of objective functional improvement to continue the medications. Clinical documentation submitted for review indicated the patient had been on a muscle relaxant, Tizanidine, since 11/15/2012. There was lack of documentation indicating the patient had objective functional improvement with a muscle relaxant. There was documentation that the physician opined adding Baclofen may help the patient's neck spasm exacerbation. There was a lack of documentation supporting a necessity for 60 tablets. Given the above, the request for baclofen 20 mg #60 is not medically necessary.