

Case Number:	CM13-0064271		
Date Assigned:	01/15/2014	Date of Injury:	05/01/1989
Decision Date:	08/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 68-year-old female who reported an injury on 05/01/1989 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 12/04/2013 for reports of low back pain. The exam noted the lumbosacral range of motion was decreased due to pain. Moderate tenderness to the lumbosacral spine and point tenderness to the left sacroiliac joint was noted. An MRI of the lumbar spine dated 07/26/2005 noted mild disc protrusion at L4-5 and an L5-S1 surgical fusion. The diagnosed included chronic pain syndrome, lumbosacral neuritis, lumbago after surgery, and spinal stenosis. The treatment plan included possible cortisone injections. The injured worker has been prescribed baclofen since at least 06/28/2012. The request for authorization and rationale for request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg 1/2 tablet orally 3x daily as needed #60 (date of service 07/09/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The request for a retrospective request for Baclofen 10 mg one half by mouth 3 times a day as needed #60 is not medically necessary. The California MTUS Guidelines may recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed muscle relaxants since at least 06/28/2012. The timeframe of the prescribed medication exceeds the timeframe to be considered short-term. Furthermore, there is a significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication. Therefore, due to the timeframe the injured worker has been prescribed the medication exceeding the timeframe to be considered short-term and a significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication, the request for retrospective request for Baclofen 10 mg is not medically necessary.