

<b>Case Number:</b>	CM13-0066228		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 & Rehabilitation 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 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 an employee of [REDACTED] who has submitted a claim for right cervical radiculitis with an associated industrial injury date of August 22, 2008. Treatment to date has included medications, right open carpal tunnel release, trigger point injections, physical therapy rotator cuff repair surgery, and total disk replacement surgery. A utilization review from December 4, 2013 denied the request for Baclofen #30 and Flexeril 10 mg #30 and modified the request for Mobic 7.5 mg #30. Medical records from 2012 and 2013 were reviewed showing that the patient has been on baclofen 10 mg and Mobic 7.5 mg as far back as December 19, 2012. The November 21, 2013 progress note indicated that the patient complained of pain over the right aspect of the neck with radiation to the right shoulder and fingers. The pain is noted to improve by 40% with medications. The patient states that baclofen helps with sleep. On examination, there were no muscle spasms over the neck and upper back area. The patient has been off work since July 2010. There have been no other progress reports since the utilization determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription Baclofen #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

**Decision rationale:** As stated on page 64 of the California MTUS chronic pain medical treatment guidelines, baclofen is recommended orally for treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. In this case, the patient has been taking baclofen since December 2012. The patient does not exhibit any signs of spasticity and muscle spasms in the physical exam nor is there any objective evidence supporting multiple sclerosis. Moreover, the patient seems to be using the medication as a sleeping aid, which is not part of the indications for use. Therefore, the request for one prescription baclofen #30 was not medically necessary.

**One prescription for Mobic 7.5 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** As stated on page 61 and 67 of the California MTUS chronic pain medical treatment guidelines, Mobic is an NSAID use for relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case, the patient has been taking Mobic since December 2012. The specific objective functional gains attributed to this medication were not clearly highlighted given the prolonged history of use. Therefore, the request for one prescription for Mobic 7.5 mg #30 was not medically necessary.

**One prescription of Flexeril 10 mg, #30:** Upheld

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

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

**Decision rationale:** As stated on page 63 in the California MTUS chronic pain medical treatment guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. In this case, Flexeril was first prescribed in November 2013. However, the patient did not complain of muscular spasms nor did the physical exam reveal any stiffness or spasms. Therefore, the request for one prescription of Flexeril 10 mg #30 was not medically necessary.