

Case Number:	CM13-0067574		
Date Assigned:	01/03/2014	Date of Injury:	08/21/1996
Decision Date:	05/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Rehabilitation, 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 61-year-old female who reported an injury on 8/21/96. The mechanism of injury involved a fall. Current diagnoses include chronic pain syndrome, cervical spondylosis without myelopathy, chronic tension headache, lumbosacral spondylosis without myelopathy, postlaminectomy syndrome, sacroiliitis, persistent disorder of initiating or maintaining sleep, chronic migraine, and esophageal reflux. The injured worker was evaluated on 11/27/13. The injured worker has been previously treated with medications, chiropractic, physical therapy, injections, surgery, massage therapy, and Botox. Current medications include baclofen 20mg. Physical examination on that date revealed flattening of the normal lumbar lordosis, tenderness to palpation of the lumbar spine, and intact sensation. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE 90 BACLOFEN 20MG, ONE TABLET THREE TIMES PER DAY FOR 30-DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006; Physician's Desk Reference, 65th ed.; www.RxList.com; the Official Disability Guidelines; Epocrates Online; Monthly Prescribing Reference; and the Opioid Dose Calculator.

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

Decision rationale: The California MTUS guidelines state that muscle relaxants are recommended as nonsedating second-line options for the short-term treatment of acute exacerbations. The efficacy appears to diminish over time, and prolonged use may lead to dependence. The injured worker has utilized baclofen 20mg since February 2013. Guidelines do not recommend long-term use of this medication. There is no evidence of palpable muscle spasm or spasticity upon physical examination. Based on the clinical information received and the California MTUS guidelines, the request is not medically necessary.