

Case Number:	CM13-0068104		
Date Assigned:	01/03/2014	Date of Injury:	03/05/2003
Decision Date:	10/15/2014	UR Denial Date:	12/13/2013
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 Family Medicine, and 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 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 59-year-old female with a date of injury of 3/8/03. The mechanism of injury to her left shoulder was not noted. On 11/12/13 she complained of continued bilateral shoulder, low back and bilateral leg pain and depression. One exam there was decreased right shoulder range of motion, paracervical tenderness at C6, C7-T1 and parathoracic tenderness from T1-3. There is lower thoracic and lumbar tenderness and spasm present. Baclofen was prescribed for the spasms. The diagnostic impression is chronic left shoulder sprain, chronic right shoulder pain, secondary to favoring left shoulder, chronic low back pain s/p lumbar surgery from 2/7/08, chronic bilateral lower extremity radicular symptoms, and depression. Treatment to date: failed back surgery, medication management. A UR decision dated 12/13/13 modified the retrospective request for date of service (DOS) 11/12/13 for Baclofen 10mg #120 with 3 refills to Baclofen 10mg #60. The Baclofen was modified because guidelines do not recommend long-term use of muscle relaxants. There was no documented functional improvement from any previous use in this patient. Furthermore, guidelines specifically do not recommend muscle relaxants as any more effective than NSAIDs alone. Baclofen was therefore modified to Baclofen 10mg #60 only to allow for tapering and discontinuation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for baclofen 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64, 119.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was no documentation of an acute exacerbation of the patient's chronic pain. The patient was prescribed Baclofen 10mg #120 for spasms on 11/12/13. She has been on Baclofen since this date. Guidelines do not support the use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. The UR modified the retrospective request for DOS 11/12/13 for Baclofen 10mg #120 with 3 refills to Baclofen 10mg #60 to allow for tapering and discontinuation. This request is noted to not have a DOS and for quantity #60 with 3 refills. Therefore, the retrospective request for Baclofen 10mg #60 with 3 refills was not medically necessary.