

<b>Case Number:</b>	CM13-0068515		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old male with an 11/10/11 date of injury. At the time (11/20/13) of the request for authorization for retrospective Baclofen 10mg #60, there is documentation of subjective (flare of the left shoulder and neck) and objective (left knee effusion, tenderness, and pain with meniscal maneuvers) findings, current diagnoses (thoracic spine pain, bilateral hand and wrist pain, left lower extremity pain, and thoracic spine pain), and treatment to date (medication including Baclofen for at least 3 months).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE BACLOFEN 10MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Pain Chapter.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries, as criteria necessary to support the medical necessity of Baclofen. MTUS identifies that

any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is no documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Baclofen. Therefore, based on guidelines and a review of the evidence, the request for Baclofen 10mg #60 is not medically necessary.