

Case Number:	CM13-0071845		
Date Assigned:	01/08/2014	Date of Injury:	10/18/1981
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/30/2013

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 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:

The injured worker is a 74 year old female who reported an injury on 10/18/1981. The mechanism of injury was not provided in the clinical documentation provided. The clinical note dated 12/27/2013 noted the injured worker reported lower backache and indicated the pain level had decreased since the previous visit on 12/10/2013. The injured worker reported her activity level increased and her medication was working well. The injured worker was prescribed Docusate, Duragesic patch, senokot, Opana, Zanaflex, Baclofen, and Ambien. The physical exam noted the injured worker appeared to be calm and in mild pain. Straight leg raise was noted to be negative. Range of motion to the lumbar spine was restricted with extension to 9 degrees and active range of motion limited in all planes due to pain. The provider recommended Baclofen 10 mg # 30, the request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #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 Muscle Relaxants, Page(s): 63.

Decision rationale: The request for Baclofen 10 mg # 30 is non-certified. The injured worker reported lower backache, the pain level had decreased since previous visit on 12/10/2013. The injured worker reported her activity level has increased and medication is working well. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond Non-Steroidal Anti-Inflammatory Drugs (NSAID) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation indicating the need for baclofen, the guidelines note in low back cases baclofen shows no benefit beyond NSAID's in pain and overall improvement. The providers rationale for the use of Baclofen is unclear. The efficacy of the medication was unclear. Therefore, The request for Baclofen 10 mg # 30 is not medically necessary and appropriate.