

<b>Case Number:</b>	CM14-0000902		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	06/02/2006
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 52-year-old man who sustained a work-related injury on June 2, 2006. Subsequently, he developed chronic low back pain. According to a note dated on March 1 2013, the patient developed continuous back pain with poor quality of sleep. The patient has an antalgic gait, has a slowed gait and was assisted by a cane. His physical examination demonstrated cervical tenderness with reduced range of motion, tenderness over left shoulder with reduced range of motion and limitation or motor testing because of pain. Sensory examination demonstrated. Sensory examination demonstrated reduced pinprick sensation in the left lower extremity. MRI of the lumbar spine performed on June 27, 2011 was normal. His MRI of the cervical spine performed on June 29, 2011 demonstrated minimal degenerative disc disease. His EMG nerve conduction study performed on August 26, 2008 demonstrated evidence of a mild chronic L5 lumbar radiculopathy without evidence of neuropathy. The patient was diagnosed with left lumbar radiculopathy. The patient was treated with Lyrica, Lunesta, and baclofen. Baclofen was use at least since 2013 without clear evaluation of its effect and continuous use of the medication was not clearly justified. The provider requested authorization for coping skills of baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN 10MG #90 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. According to patient file, the patient was prescribed Baclofen at least since 2013 without clear justification of its continuous use. Therefore, the request for BACLOFEN 10MG #90 is not medically necessary.