

Case Number:	CM14-0006667		
Date Assigned:	03/03/2014	Date of Injury:	06/14/2002
Decision Date:	07/11/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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:

The patient is a 48-year-old male who has submitted a claim for cervicalgia, degenerative disc disease, and pain the joint, shoulder region; associated with an industrial injury date of 06/14/2002. The medical records from 04/10/2012 to 02/18/2014 were reviewed and showed that patient complained of chronic, severe back pain and shoulder pain, graded 5-6/10, with radiation to the left leg/foot. Pain is described as sharp, aching, and burning. Pain is aggravated by movement and relieved by rest, moist heat, and medications. Physical examination showed tenderness over the paraspinal muscles, left sciatic notch, and bilateral acromioclavicular joint. Range of motion of the lumbar spine and shoulders was limited. Straight leg raise test was positive on the left. No spasms were noted. Motor strength was normal. Deep tendon reflexes were normal. Sensation was decreased along the L5-S1 distribution on the left. The treatment to date has included opioid analgesics, muscle relaxants, antidepressants, anxiolytics, sleep medication, physical therapy, and epidural steroid injection. A utilization review, dated 01/10/2014, denied the request for baclofen because guidelines do not support its long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR BACLOFEN 10MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. In addition, the efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, methocarbamol, dantrolene, and baclofen. In this case, the patient has been on baclofen since December 2013. The patient complains of low back and shoulder pain despite medications and physical therapy. The medical records submitted did not show evidence of muscle spasms. Moreover, baclofen is not intended for long-term use and is one of the drugs with the most limited published evidence of effectiveness as per the guidelines stated above. Therefore, the request for Baclofen 10mg, #120 is not medically necessary.