

Case Number:	CM14-0006677		
Date Assigned:	05/23/2014	Date of Injury:	11/26/2004
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
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:

This is a 40-year-old female with a date of injury of 11/26/04. The mechanism of injury was not noted. On 1/7/14, she complained of persistent pain in the cervical, thoracic, and lumbar spine. On exam, there was cervical spine spasm, pain, and limited range of motion. There was facet tenderness and tenderness over the Cervicotrapezial ridge. The lumbar spine showed spasm, painful, and limited range of motion. The diagnostic impression is cervical, thoracic, and lumbar strain; myofascial pain syndrome; cervical, thoracic, and lumbar spine degenerative disc disease; bilateral carpal tunnel syndrome. The treatment to date included home exercise program, medication management, and physical therapy. A UR decision dated 1/13/14, denied the request for Baclofen. The patient has recurrent complaints of pain with ongoing spasms on exam. However, long-term use of muscle relaxants is not recommended. The request was modified to Baclofen 20mg #20 for tapering purposes only.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 20MG #90: Upheld

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

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

Decision rationale: The California 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 low back pain 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. On 1/7/14, it was noted that Baclofen, Soma, Norflex, Tizanidine, and Robaxin have failed in providing significant relief of her chronic pain. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. This patient has failed multiple different muscle relaxants, and it is unclear why she needs to continued to be prescribed muscle relaxants. A UR decision modified the request from #90 to #20 for purposes of tapering only as Baclofen should not be abruptly stopped. Therefore, the request for Baclofen 20mg #90 was not medically necessary.