

Case Number:	CM14-0103523		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2005
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/03/2014

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 Internal 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 injured worker is a 52-year old male injured on 03/03/05. Mechanism of injury is listed as from lifting heavy loads. Diagnoses included status post L4-5 and L5-S1 disc arthroplasty in 2007 and 2011, right lower extremity radiculopathy with chronic pain, hypogonadism secondary to chronic narcotic therapy, and industrial related hypertension. Clinical note dated 07/25/14 indicated the injured worker presented reporting continued struggles with medication authorization and pending court date for the following week. The injured worker reported medication extremely helpful in allowing him to maintain activities of daily living, including standing, walking up to 30-45 minutes, and light activities such as cleaning house, cooking, and light grocery shopping. The injured worker stated, without medication, he had difficulty performing activities of daily living and could only stand or walk for approximately 15 minutes. Physical examination of the low back revealed significant tenderness of the lumbar paraspinal musculature, straight leg raise positive on the right at 45 degrees and 75 degrees on the left, and weakness on the right lower extremity. The injured worker reported previous trigger point injections on 06/27/14 provided 60% pain relief for approximately five weeks. Treatment plan included continued prescribing of Benicar, ibuprofen, Axiron gel, Dilaudid, baclofen, and Lyrica. Initial request for baclofen 10mg #60 was non-certified on 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , 9792.20, Muscle relaxants (for pain) Page(s): page(s) 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the Baclofen 10mg # 60 is not medically necessary.