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| <b>Case Number:</b>   | CM14-0106040 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 12/15/2011 |
| <b>Decision Date:</b> | 09/09/2014   | <b>UR Denial Date:</b>       | 06/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2014 |

### 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 Physical Medicine and Rehabilitation and Pain Management 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 46-year-old-female with a date of industrial injury on 12/15/2011. No mechanism of injury was mentioned. The patient presents with complain of pain located in the neck, left shoulder, and left arm, and paresthesia in hand as well as numbness and weakness in the arm. The patient has tried ice, NSAIDS, rest and heat, and pain has improved. She also complains of mild headache off and on that becomes worse during the night. He has received cervical epidural steroid injection 02/03/2014 with 50-60% relief. On exam, inspection of the cervical spine shows asymmetry of the neck and shoulders, with tilting of the head and neck to the left. On axial compression of the cervical spine there is left trapezius tenderness. Tenderness to palpation is present in the trapezial area, muscle spasm in not noted. Cervical spine ROM is restricted in all directions. Current meds include Tramadol, Neurontin, Vicodin, Baclofen and Amitriptyline. Diagnoses were degeneration of cervical intervertebral disc, cervical radiculitis, and anxiety disorder. UR determination for the requested medications Baclofen 20mg qty #60 is denied due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20 mg qty #60:** 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): 64.

**Decision rationale:** Per guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs 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. Per CA MTUS guidelines, Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, there is no evidence of spasticity associated with spinal cord injury or multiple sclerosis or trigeminal neuralgia. There is no documentation of any significant improvement in pain or function with prior use. Therefore, the request is considered not medically necessary.