

Case Number:	CM14-0014708		
Date Assigned:	02/28/2014	Date of Injury:	12/15/2011
Decision Date:	06/27/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/05/2014

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:

Clinical Summary: The patient is a 46 year old female who was injured on 12/15/2011. The mechanism of injury is unknown. Prior treatment history has included physical therapy and cervical steroid epidural under fluoroscopic guidance on 09/16/2013. PR2 dated 01/15/2014 states the patient presents with complaints of neck pain and left shoulder pain. She reported the pain radiated into her left shoulder and left arm. She noted paresthesia in the hand and numbness and weakness in the arm. She states with ice, NSAIDs, rest, and heat application, the pain improves. A urinalysis was performed on her and was found to be positive for opiates. She rated her pain levels as a 7/10. The quality of the pain is mild. On exam, the cervical spine shows asymmetry of the neck and shoulders with tilting of the head and neck to the left. She has left trapezius tenderness and muscle spasm is noted. Cervical spine range of motion is restricted. Her light touch is diminished over the C5, C6, and C7 dermatomes. Motor strength measures 5/5 in all upper extremity. The patient is diagnosed with degeneration of the cervical intervertebral disc, cervical disc displacement, and cervical radiculitis. The treatment and plan includes a second epidural and trigger point injection in both shoulders; tramadol, Flexeril, Neurontin, Norco, baclofen. Prior UR dated 01/20/2014 states the request for baclofen is non-certified as there is no evidence provided that suggests the patient has severe low back pain as muscle relaxants are not recommended for mild to moderate chronic persistent pain.  

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), Page(s): 63-64.

Decision rationale: The CA MTUS guidelines recommend muscle relaxants only for a short course of therapy, 2-3 weeks, for acute pain and muscle spasms. Baclofen is not recommended for mild to moderate chronic persistent pain. From the clinical documents it is evident the patient is taking the medication chronically and much longer than the recommended duration. The documents did not discuss why chronic treatment is warranted outside of general guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.