

Case Number:	CM14-0016140		
Date Assigned:	02/21/2014	Date of Injury:	02/12/2003
Decision Date:	07/14/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/08/2014

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 41 year old male with a date of injury of 2/12/2003. The mechanism of injury is unknown. According to a report dated 1/9/14, the patient was experiencing persistent low back pain with radiation into his left leg. The patient felt that the medications were only slightly helpful. He rated his pain without medication at 7/10 and 5/10 with medications. The patient had previously had surgery in 2004 for his low back pain. Initially the pain improved, but the patient ended up with increased pain and does not want to see a surgeon at this time for potential intervention. The patient is permanent and stationary with permanent restrictions from work. Subjective findings include low back pain radiating down his left lower extremity and that he continues to have pain despite surgery. Objective: ongoing tenderness to his lumbar spine. Diagnostic impression: Post laminectomy syndrome with history of lumbar surgery back in 2004, persistent low back pain and left lower extremity pain, failed functional restoration program in 2012. The provider is retrospectively requesting 1 prescription of Baclofen 10 mg #60. A UR decision dated 2/15/14 denied the retrospective request for Baclofen 10mg #60. The patient has been prescribed Baclofen since 8/22/13. The most recent documentation does not note any acute exacerbations beyond the patient's average amount of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF BACLOFEN 10 MG, #60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no documentation of functional improvement or an acute exacerbation of the patient's acute chronic pain. Guidelines do not support the long term use of muscle relaxants due to diminishing of efficacy over time and dependence. Additionally, the patient has been on Baclofen continuously since 8/22/13. In addition, the date for retrospective review is not indicated. Therefore, the retrospective request for Baclofen 10 mg #60 is not medically necessary.