

Case Number:	CM14-0017528		
Date Assigned:	04/14/2014	Date of Injury:	06/27/1996
Decision Date:	06/03/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/11/2014

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 is licensed to practice in Texas. 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 56-year-old male who reported an injury on 06/27/1996. The mechanism of injury was not stated. The current diagnoses include lumbar/lumbosacral disc degeneration, lumbar radiculopathy, lumbosacral spondylosis, myalgia and myositis, postlaminectomy syndrome, tobacco use disorder, and chronic sleep disorder. The injured worker was evaluated on 12/19/2013. The injured worker reported 5/10 pain with medications. The current medications include baclofen 10 mg. A physical examination revealed an antalgic gait, painful range of motion, and decreased flexion and extension. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG, #60 AND 1 REFILL FOR LUMBAR SPINE SPASMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTPS://WWW.ACOEMPRACGUIDES.ORG/LOW BACK](https://www.acoempracguides.org/low-back); TABLE 2, SUMMARY OF RECOMMENDATIONS, LOW BACK DISORDERS. The Claims Administrator also based its decision on the Non-MTUS Citation: GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 12TH EDITION, MCGRAW HILL, 2006; THE PHYSICIAN'S DESK REFERENCE, 68TH EDITION; WWW.RXLIST.COM; OFFICIAL DISABILITY GUIDELINES (ODG) WORKERS COMPENSATION DRUG

FORMULARY (WWW.ODG-TWC.COM/ODGTWC/FORMULARY.HTM; DRUGS.COM; EPOCRATES ONLINE (WWW.ONLINE.EPOCRATES.COM); AND MONTHLY PRESCRIBING REFERENCE (WWW.EMPR.COM-OPIOID) DOSE CALCULATOR – AMDD AGENCY MEDICAL DIRECTORS’ GROUP DOSE CALCULATOR (WWW.AGENCYMEDDIRECTORS.WA.GOV) (AS APPLICABLE).

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

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations. The effectiveness appears to diminish over time, and prolonged use may lead to dependence. As per the documentation submitted, the injured worker has utilized baclofen 10 mg since 03/2013. There is no documentation of objective functional improvement. There is no evidence of palpable muscle spasms or spasticity upon physical examination. There was also no frequency listed in the current request. As such, the request is non-certified.