

Case Number:	CM14-0018791		
Date Assigned:	04/18/2014	Date of Injury:	09/26/2006
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 Physician 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 patient is a 53 year old who sustained injury on 9/26/2006. The patient is being treated for chronic low back and knee pain. The completed treatments are left knee arthroscopy with meniscectomy in 2007 and 2009, left knee injections and physical therapy. The patient did not show any improvement after completion of aquatic therapy. [REDACTED] noted that the patient was stable with no increase in pain or symptoms. There is no documentation of spasticity or muscle spasms. The medications listed are Pennsaid, Norco, Lidoderm and gabapentin for pain, Ambien for insomnia and baclofen for muscle spasm. A Utilization Review decision was rendered on 1/16/2014 recommending non certification of baclofen 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR BACLOFEN 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: The California MTUS addressed the use of antispasmodic and muscle relaxants in the treatment of muscle spasms associated with chronic pain. It is recommended that only non-sedating muscle relaxants be used as a second-line option for short term treatment of acute exacerbation of symptoms that are nonresponsive to standard treatment with NSAIDs, physical therapy and exercise. The short term course of treatment should be limited to 2-3 weeks to minimize the risk of dependency, sedation and addiction associated with chronic use of muscle relaxants. The efficacy of muscle relaxants and antispasmodics decreases over time. This employee has been utilizing baclofen for more than one year. There is no documentation of objective findings of spasticity or muscle spasms.