

Case Number:	CM14-0116141		
Date Assigned:	08/04/2014	Date of Injury:	07/03/2013
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 Therapy, 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 patient is a 51-year-old male who has submitted a claim for lumbosacral sprain and herniated disc with extrusion at L3-L4 with left-sided sciatica associated with an industrial injury date of July 3, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating down the left leg accompanied by numbness and tingling. Physical examination revealed restricted lumbar spine range of motion with flexion to 50 degrees, extension to 20 degrees, left lateral bending to 20 degrees, and right lateral bending to 20 degrees. There was moderate paraspinal spasm in the lumbar region. Straight leg raise test was positive on the left. Lasegue's test was positive on the left. Left patellar reflex was diminished in comparison to the right. Achilles reflexes were 1+ bilaterally. Hypesthesia over the left lateral foot was noted. Lumbar spine MRI dated 9/10/13 revealed spondylitic changes in the lumbar spine and disc extrusion at L4-L5. At L5-S1 there was disc desiccation and mild broad-based disc bulge with osteophyte. Treatment to date has included physical therapy, acupuncture, epidural injections, and medications, which include Ibuprofen 600mg, Flexeril 10mg, Percocet 5/325mg, Neurontin 600mg, Amitriptyline 10mg, Tramadol 50mg, and Baclofen 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

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

Decision rationale: According to pages 63-66 of the California MTUS Chronic Pain Medical Treatment 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). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. The use of Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the patient has been on Baclofen since August 2013 however, objective evidence of functional improvement was not documented. The patient has also been on other muscle relaxants following the injury in 2013. Moreover, Baclofen is not indicated for long-term use and it is one of the drugs with the most limited published evidence of effectiveness as per the guidelines stated above. Therefore, the request for Baclofen 20mg #60 is not medically necessary.