

Case Number:	CM14-0125559		
Date Assigned:	08/11/2014	Date of Injury:	06/01/2011
Decision Date:	09/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 06/01/2011. The mechanism of injury was not provided. On 07/17/2014, the injured worker had complaints of arm pain associated with numbness and weakness and headaches. Upon examination of the upper extremity, there was 5/5 motor strength and the biceps, brachioradialis, and triceps had deep tendon reflexes of +1 and symmetrical. An x-ray revealed progressive consolidation of the allograft at C5-6 and C6-7 with excellent orientation of anterior locking plate and no evidence of plate migration, subsidence, or implant failure. The diagnoses were 3 months status post anterior C5-6 and C6-7 decompression, fusion, and instrumentation for degenerative spondylosis with spinal stenosis. The provider recommended Baclofen 10 mg with a quantity of 120 and 3 refills. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen
Page(s): 64.

Decision rationale: The request for Baclofen 10 mg #120 with 3 refills is not medically necessary. The California MTUS states baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. There is a lack of documentation in regard to muscle spasms upon physical examination. Additionally, the provider did not indicate the efficacy of the prior use of baclofen in the medical documents. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Baclofen 10 mg #120 with 3 refills is not medically necessary.