

<b>Case Number:</b>	CM14-0128006		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/08/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Family 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 case involves an injured worker who sustained an injury on 05/08/2003. This patient receives treatment for chronic low back pain. The original injury occurred while the injured worker was lifting heavy plates experiencing a sharp lower back pain. The patient initially received physical therapy and then 2 epidural injections. Despite undergoing surgical L5-S1 microdiscectomy in November 2004, the patient reports chronic low back pain with radiation down the right lower extremity. The treating physician reports that on physical exam the straight leg raising is positive on the right side and negative on the left side. The patient walks with the help of a cane and exhibits an antalgic gait. The lower back exam reveals reduced ROM especially in flexion, which triggers low back pain. The current diagnosis is post-laminectomy syndrome, lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90:** 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:** Baclofen is a muscle relaxant, specifically, an antispasticity drug. Muscle relaxants work best when used with caution as a second line agent for the short-term management of exacerbations of patients with chronic low back pain. Muscle relaxants lose effectiveness when used for more than a few weeks and expose the patient to harm from side effects, especially sedation. Baclofen is not medically indicated for this patient with chronic low back pain. As such, the request is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction Page(s): 87 - 88.

**Decision rationale:** Urine drug screening may be medically appropriate in some cases of chronic opioid therapy when the patient exhibits clinical "red flags" and therefore, is found to be at risk for drug diversion or drug abuse. A review of the medical records provided shows that this patient's treatment plan does not contain any approved opioids for treating the patient's chronic pain. As such, the request for urine drug screen is not medically necessary.