

<b>Case Number:</b>	CM14-0129060		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in 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 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 patient is a 58 year-old with a date of injury of 01/13/10. A progress report associated with the request for services, dated 07/16/14, identified subjective complaints of neck, back, and left knee pain. Objective findings were noted to be "unchanged". Diagnoses included cervical disc disease; lumbar and thoracic spine pain; and left knee pain. Treatment had included an oral analgesic, NSAID, and an antidepressant. A Utilization Review determination was rendered on 07/31/14 recommending non-certification of "Baclofen 20mg # 30 between 7/15/2014 and 9/14/2014".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg # 30 Between 7/15/2014 and 9/14/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT.

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

**Decision rationale:** Baclofen is an antispasticity muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note

that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS notes the application of Baclofen to be in spastic conditions such as cerebral palsy and multiple sclerosis. In this case, the record does not document the medical necessity or indication for an antispasticity muscle relaxant such as Baclofen.