

Case Number:	CM14-0130853		
Date Assigned:	10/07/2014	Date of Injury:	01/14/2011
Decision Date:	11/03/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture 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 is a 52y/o male injured worker with date of injury 1/14/11 with related neck pain. Per progress report dated 5/13/14, the injured worker reported continued neck pain and radiating arm symptoms. He had noticed some minor decrease in activities with some increased pain. Per physical exam, he continued to have right sided weakness of 3+ to 4-/5 in right wrist flexion, triceps, and finger flexion. Right wrist extension, biceps and deltoids were 4/5. The left side showed 4+/5 in deltoids and 4/5 in all other muscle groups on the left side. He had a positive Hoffman's sign bilaterally. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management and home exercise program. The date of UR decision was 8/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90 With 3 Refills: 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 Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.