

Case Number:	CM14-0131031		
Date Assigned:	08/20/2014	Date of Injury:	01/14/2011
Decision Date:	09/24/2014	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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 51 year old male who reported an injury on 01/14/2011; the mechanism of injury was not provided. Diagnoses included closed fracture cervical vertebrae cord injury. Past treatments included a home exercise program, home health, and medications. Past diagnostics were not included. Surgical history included C3-4 anterior cervical discectomy and fusion, date unknown. The clinical note dated 05/13/2014 indicated the injured worker complained of neck pain radiating to the arms. Physical exam indicated bilateral upper extremity positive Hoffman's sign and weakness. Medications included Gabapentin 300 mg twice daily and Baclofen 10 mg one-half tab every night. The treatment plan included Baclofen 20 mg three times a day with three refills. The rationale for treatment and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg TID #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: The request for Baclofen 20 mg three times a day with three refills is not medically necessary. The California MTUS Guidelines indicate that Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The injured worker had a history of spinal cord injury and has been taking Baclofen 10 mg one-half tab every night since at least 10/29/2014. There is no clinical documentation of increased muscle spasm or spasticity, or to suggest that the dosage needed to be increased to increase the efficacy. Furthermore the request included three refills which would not allow for periodic reassessment of efficacy. Therefore, the request for Baclofen 20 mg three times a day with three refills is not medically necessary.