

Case Number:	CM14-0155465		
Date Assigned:	09/25/2014	Date of Injury:	02/08/1998
Decision Date:	11/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 Interventional Spine 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:

The patient is a 64 year old female with an injury date of 02/08/98. Based on the 09/03/14 progress report provided by [REDACTED], the patient complains of thoracic pain rated 6/10, lumbar pain rated 7/10 and right ankle pain rated 5/10. Per 07/07/14 progress report, patient is status post PSF L4-5, lumbar laminectomy L4-S1 09/04/13. Physical examination to the thoracic and lumbar spines revealed decreased range of motion. Per progress report dated 08/25/14, the following medications were prescribed for chronic pain syndrome: Norco, Baclofen, Citalopram, Gabapentin, and Lansoprazole. Per utilization review letter dated 09/03/14, patient has been using Baclofen since 2009. Review of reports document patient has had chiropractic treatment from 1992 to 2014. Diagnosis 09/03/14- Cervical sprain/strain- Thoracic sprain/strain- Lumbar sprain/strain- Lumbosacral pain- Right ankle sprain/strain [REDACTED] is requesting Baclofen tablet 10 mg 1 tab q 8h prn max 3/day #30 qty 90 w/ 2 refills. The utilization review determination being challenged is dated 09/03/14. The rationale is: "no clear evidence of acute exacerbation of muscle spasm." [REDACTED] is the requesting provider, and he provided treatment reports from 08/25/92 - 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen tablet 10mg 1 tab q8h prn max 3/day #30 qty 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63.

Decision rationale: The patient presents with thoracic pain rated 6/10, lumbar pain rated 7/10 and right ankle pain rated 5/10. The request is for Baclofen tablet 10 mg 1 tab q 8h prn max 3/day #30 qty 90 w/ 2 refills. Her diagnosis dated 09/03/14 includes thoracic, lumbosacral and right ankle sprain/strain. 07/07/14 progress reports states patient is status post PSF L4-5, lumbar laminectomy L4-S1 09/04/13. Per progress report dated 08/25/14, Baclofen is included in list of medications used to treat her chronic pain. Regarding muscle relaxants for pain, MTUS Guidelines page 63 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. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen." Per utilization review letter dated 09/03/14, patient has been using Baclofen since 2009. Baclofen is not recommended for long term use, therefore recommendation is for denial.