

Case Number:	CM14-0157099		
Date Assigned:	09/29/2014	Date of Injury:	11/01/2002
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 and Rehabilitation 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 patient is a 54-year-old male who has submitted a claim for osteoarthritis, associated with an industrial injury date of 11/01/2002. Medical records from July 2014 to September 2014 were reviewed. Patient complained of musculoskeletal pain. The pain started following an injury involving his left knee and ankle. He underwent left ankle surgery in 2002 and knee surgery in 2006. The pain radiated to the left ankle, left calf, left foot, and left knee. It was aching, burning, piercing, sharp, deep, and discomforting. It was aggravated by bending, descending and ascending stairs, lifting, walking, standing, and daily activities. The pain was relieved by massage, pain medications, and rest. Pain score without medications was 9/10, if with medications, 6/10. Patient responded well with Norco. He likewise complained of low back pain and spasm. The progress note, dated September 8, 2014, did not provide enough documentation for the physical examination of the extremities, particularly the left knee. It only noted that the patient had an antalgic gait. Treatment to date has included baclofen (since August), Norco, and promethazine. Utilization review from September 3, 2014 denied the request for Baclofen 10mg #30. There was no reason to use the drug, as there was no myofascial pain or spasm. Muscle relaxants are not recommended for indefinite use and can add to sedation, in this case Promethazine and opioids. Also there was no additional benefit shown in combination with NSAIDs. Prolonged use of some medications in this class may lead to dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63,78 :68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen
Page(s): 64.

Decision rationale: As stated on page 64 of the California MTUS chronic pain medical treatment guidelines, baclofen is recommended orally for treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. In this case, the patient has been taking baclofen since August 2014. The patient complained of low back pain and spasticity. However, there were no objective findings in the physical examination that the patient exhibited signs of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. Therefore, the request for one prescription baclofen 10mg #30 is not medically necessary.