

Case Number:	CM14-0162026		
Date Assigned:	10/07/2014	Date of Injury:	04/03/2014
Decision Date:	11/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 48-year-old male who reported an injury on 04/03/2014. The mechanism of injury involved a fall. The current diagnoses include cervical radiculitis and degenerative cervical spine stenosis. Previous conservative treatment is noted to include physical therapy and medications. The injured worker was evaluated on 09/02/2014 with complaints of neck pain, low back pain, and right shoulder pain. The current medication regimen includes baclofen 10 mg, gabapentin 300 mg, and meloxicam 7.5 mg. Physical examination on that date revealed tenderness to palpation over the paraspinal muscles overlying the facet joints, trigger points in the upper paraspinal muscles bilaterally, normal range of motion of the cervical spine, and intact sensation in the upper extremities. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. There is no frequency listed in the current request. Therefore, the request cannot be determined as medically appropriate at this time.