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| <b>Case Number:</b>   | CM14-0166188 |                              |            |
| <b>Date Assigned:</b> | 10/13/2014   | <b>Date of Injury:</b>       | 10/11/2011 |
| <b>Decision Date:</b> | 12/31/2014   | <b>UR Denial Date:</b>       | 09/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2014 |

### 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 Internal Medicine, has a subspecialty in Health Promotion Model and is licensed to practice in Pennsylvania. 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 62-year-old woman with a date of injury of 10/11/2011. A note dated 06/24/2014 identified the mechanism of injury as lifting a heavy box when her grip slipped, resulting in lower back pain and numbness in both legs. Treating physician notes dated 06/24/2014 and 07/22/2014 indicated the worker was experiencing lower back pain that went into the right leg, right foot drop, and insomnia. No more recent records were submitted. Documented examinations consistently described a slow and painful walking pattern with a cane and braces, straightening of the normal lower back curve, spasm and tenderness in the lower back, decreased motion in the lower back joints, right foot weakness, positive testing with raising the straightened right leg, and decreased sensation in the lower right leg and first two toes. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy, sacroiliitis, lower back pain, and right foot drop from spinal stenosis. Treatment recommendations included oral pain medications. A Utilization Review decision was rendered on 10/11/2011 recommending partial certification of a one month supply of baclofen 10mg for weaning. Notes dated 05/01/2014 and 05/27/2014 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Weaning of Medications Page(s): 63-66; 124.

**Decision rationale:** Baclofen is in the antispastic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The Guidelines support the use of baclofen in the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the right leg, right foot drop, and insomnia. The most recent submitted record was a note dated 07/22/2014. While notes dated 05/01/2014, 05/27/2014, 06/24/2014, and 07/22/2014 all indicated the worker was experiencing a recent flare of lower back pain due to increased coughing, there was no suggestion of continued coughing after the initial note, and there were specific notations of no recent injuries. These records indicated the worker had been taking medications from this class for several months. The note dated 07/22/2014 reported a similar medication was stopped due to a lack of benefit. A utilization review decision rendered on 04/30/2014 recommended a similar medication from this class be weaned off because of a lack of medical necessity. The reviewed records did not include an assessment of the worker's individualized risk, the presence or absence of potential negative side effects, or recent monitoring for risk and adherence. This documentation did not describe improved pain intensity, function, or quality of life with the use of this medication. In the absence of such evidence, the current request for forty-five tablets of baclofen 10mg is not medically necessary.