

Case Number:	CM14-0170854		
Date Assigned:	10/23/2014	Date of Injury:	12/11/2004
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 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 injured worker is a 39-year-old female who reported an injury on 12/11/2004. The mechanism of injury was not provided. On 09/24/2014, the injured worker presented with pain and spasming in her neck aggravated with not having any neck support. She also complained of increased neck pain and spasm. On physical examination, the injured worker had an antalgic gait without an assistive device and had difficulty getting up from a deep seated position. There was moderate to severe tenderness over the cervical paraspinals and limited range of motion of the cervical spine. There were hyper-reflexive deep tendon reflexes in the upper extremities and diminished sensation to light touch to the bilateral upper extremities, right worse than left. There were multiple healed arthroscopic scars noted over the right shoulder and there was an inability to test the right shoulder range of motion due to pain. There was tenderness to palpation throughout the right hip, and the injured worker was unstable when standing. Diagnosis included cervical degenerative disc disease, cervical radiculopathy, history of complex regional pain syndrome, history of right shoulder subacromial decompression, chronic pain syndrome, and right hip pain. Medications included MS Contin, Norco, Soma, Lyrica, Naprosyn, Voltaren gel, and Cymbalta. The provider recommended baclofen; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen.

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed baclofen since at least 09/24/2014, and prior to that, had a prescription for Soma. The injured worker noted that Soma helped to reduce spasms, but she wanted to try a different muscle relaxer to better control spasm. There was no information on treatment history or length of time the injured worker has been prescribed a muscle relaxant. The guidelines note that muscle relaxants are recommended for short term treatment. Efficacy of the prior use of muscle relaxants has not been provided. Additionally, the provider's request does indicate the frequency of the medication in the request as submitted. As such, Baclofen 10mg #60 is not medically necessary and appropriate.