

Case Number:	CM14-0175171		
Date Assigned:	10/28/2014	Date of Injury:	10/05/2011
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family Medicine 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 is a 30 year old female patient who sustained a work related injury on 10/5/11. The patient sustained the injury when she bent down to pick up a tray of pears. The current diagnoses include low back pain, lumbar spondylosis and lumbar degenerative disc disease. Per the doctor's note dated 07/23/14, patient has complaints of low back pain. A physical examination of the low back revealed 80 degrees flexion, 20degrees extension, 10 degrees lateral flexion, paraspinal tenderness, full strength, and positive straight leg raise test at 30-40 degrees, normal gait and sensation. Past medical history was positive for anxiety, panic attack, and asthma. The current medication lists includes Ultram, Baclofen, Ibuprofen and Norco. The past medical history includes left wrist fracture and right foot surgery. The patient has had lumbar MRI on 3/29/12 that showed disc bulges at L3-L4 and L4-L5 and X-ray of the lumbar spine on 10/10/11 that revealed spina bifida at L5. She had received trigger point injections on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity drugs, baclofen Page(s): 63-64.

Decision rationale: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. The California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Per the doctor's note dated 07/23/14 physical examination of the low back revealed full strength, normal gait and sensation. The date of injury for this patient is 10/05/11. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines, skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Baclofen 10mg #90 is not established for this patient.