

Case Number:	CM14-0177749		
Date Assigned:	10/31/2014	Date of Injury:	09/07/1997
Decision Date:	12/19/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 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:

This worker sustained an injury on September 7, 1997. He had an intrathecal pump place in 1998. He had T10-S1 spinal fusion on 4/28/2013 with revision of L2, 3, 4 laminectomy, pelvic fixation, L3 pedicle osteotomy and T9 and 10 vertebroplasty. His current diagnoses are lumbar disc displacement without myelopathy and chronic pain syndrome. His medications include DSS softgel, gabapentin, Percocet, Baclofen 10 mg 1 every 8 hours prn for spasm, Lipitor, metoprolol, and aspirin. He continues to have back and leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: Baclofen is a muscle relaxant, specifically an antispasticity medication. Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low

back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) for pain and overall improvement. Baclofen specifically is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and has been shown to have benefits for treating trigeminal neuralgia. In this case, given the diagnosis of chronic pain syndrome and lumbar disc displacement without myelopathy, there is not an indication for the long term use of Baclofen. Furthermore there is no indication that this worker was having an acute exacerbation of back pain. The request is not medically necessary.