MAXIMUS Federal Services

Case Number:	CM14-0185595		
Date Assigned:	11/13/2014	Date of Injury:	02/21/2001
Decision Date:	12/15/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 71-year-old male who reported an injury on 02/21/2001 due to falling off of a broken ladder and then tripping over some material on the floor; he injured his left shoulder, arm, and back. Diagnoses were pain in joint shoulder region, cervicalgia, and lumbago. Past treatments were medications, physical therapy, and injections to the lumbar spine. Past surgeries were left shoulder surgery in 2003 and left knee surgery not related to the Workers' Compensation case. Physical examination on 11/06/2014 revealed that the injured worker had complaints of low back, shoulder, and neck soreness in the left arm over the past week. Pain level was reported an 8/10 without medications. The injured worker complained of limited function also without medications. The injured worker reported pain level of 4/10 to 5/10 with medications and was able to do activities of daily living. The injured worker reported sleepiness/dizziness as side effects from the medications. There were reports of GI issues with generic medications. Examination revealed a 3/5 for strength in the upper extremities and tenderness to palpation in the upper extremities with taught bands of muscles in the neck and shoulders. There was limited range of motion in the back and tenderness was noted in the spinous process in the lumbar region. It was noted that the injured worker had functional strength and range of motion of lower extremities with decreased sensation on the left. Medications were Norco 10/325 mg 1 every 6 hours as needed for pain and baclofen 10 mg 1 every 8 hours for muscle spasms. The rationale and Request for Authorization form were not submitted.

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.

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

Decision rationale: The decision for Baclofen 10mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Furthermore, the request does not indicate a frequency for the medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.