

Case Number:	CM14-0186067		
Date Assigned:	11/13/2014	Date of Injury:	07/31/2006
Decision Date:	12/30/2014	UR Denial Date:	11/06/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 64 year old female who was injured on 7/31/2006. The diagnoses are right shoulder impingement syndrome, tendinitis, rotator cuff tear and right shoulder arthralgia. The patient completed PT and steroid injections to the right shoulder. The past surgery history is significant for right shoulder acromioplasty and Mumford procedure. On 10/28/2014, [REDACTED] noted subjective complaint of pain score of 2-3/10 with medication and 7/10 without medication. There was reduced range of motion on physical examination. The medications are Norco, Flector patch and Voltaren gel for pain. The patient is also utilizing Baclofen for muscle spasm and Cymbalta for depression. A referral for orthopedic evaluation is pending. A Utilization Review determination was rendered on 11/6/2014 recommending non certification for Baclofen 10mg # 360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg quantity 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, CRPS, sympathetic and epidural blocks Page(s): 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66,112.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants and antispasmodics can be utilized for short term periods during exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, addiction, dependency, sedation and adverse interactions with opioids and other sedatives. The records did not document objective findings of intractable muscle spasm of the right shoulder. The patient had utilized Baclofen longer than the guidelines recommended short term period. The criteria for the use of Baclofen 10mg #360 was not met.