MAXIMUS Federal Services

Case Number:	CM14-0025443		
Date Assigned:	06/11/2014	Date of Injury:	08/20/2007
Decision Date:	07/15/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 51 year old female who reported injury to her right knee and shoulder on 08/20/2007 secondary to a box falling on her while pulling files from storage. The injured worker complained of pain to multiple locations that included the side of her upper thigh, upper back and neck. She rated her pain overall at a 7/10 on the visual analog scale of pain and described it as aching in nature. On examination on 05/12/2014, the physician observed moderate local tenderness to palpation of the paraspinal muscles thoracolumbar levels, limited range of motion to hip during external and internal rotation with moderate pain in groin on internal rotation. The Faber test was positive on the right side. She had an x-ray of the bilateral knees 10/10/2012 which revealed mild left knee posterior arthritis and osteoarthritic changes to the right knee. The x-ray of the shoulder on that same date showed mild arthritic changes to the right acromiocalvicular joint. She had diagnoses of unspecified internal derangement of the knee, pain in joint involving the shoulder region, myalgia and myositis unspecified, chronic pain syndrome, sacroilitis not elsewhere classified, pain in joint involving the pelvic region, and enthesopathy of hip region. Previous treatments were oral pain medications, topical analgesic patch, cortisone injection to right shoulder, anti-anxiety medication and a nonsteroidal anti-inflammatory drug (NSAID). The injured worker's medications were fentanyl 50mcg/hr patch one every two days, norco 10/325mg up to eight tablets a day which was reported to be helping, xanax 1mg three times a day and ibuprofen. The treatment plan is for baclofen 10mg a quantity of 10. The request for authorization form was not submitted for review. There is no rationale for the request for baclofen 10mg a quantity of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 23, 64, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Baclofen Page(s): 64.

Decision rationale: CA MTUS chronic pain medical treatment guidelines for muscle relaxants (for pain) states that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The submitted documentation and diagnoses does not state that the injured worker suffered from muscle spasms as a result of a spinal cord injury or multiple sclerosis. It only addresses pain. Therefore, the request for baclofen 10mg is not medically necessary.