

<b>Case Number:</b>	CM14-0029158		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/05/1991
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 New York. 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 56 year-old female who was injured on 11/5/91 when she ran into an open drawer and fell onto the ground. She complains of lower back pain radiating to both legs and left knee pain. On exam, she had tender lumbar paraspinal muscles, tender left patella. She has spasms of both legs. She was diagnosed with lumbosacral neuritis. She had lumbar spine surgery in 7/2011. A 3/2012 lumbar spine MRI shows L4-L5 facet joint arthropathy with foraminal narrowing with nerve root impingement and L5-S1 disc protrusion. She used oral medications, physical therapy with continued home exercises without much relief. Her medications included Prilosec, Sentra, Trazodone, Baclofen, Cymbalta, Gabapentin, Methadone, and Lorazepam. She does have improvement with opioids. The current request is continued use of Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg tab, #84:** 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): 63-64.

**Decision rationale:** The request is not medically necessary. Baclofen is recommended to treat spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries and it benefits those with lancinating, paroxysmal neuropathic pain. The patient has not been diagnosed with any of these medical conditions. Muscle relaxants show no benefit beyond NSAIDS in pain and overall improvement. Efficacy diminishes over time and may lead to dependence. As per the chart, the patient is allergic to NSAIDs and was unable to tolerate Soma. She has been on Baclofen since 7/2012 with control of her leg spasms. However, indications for Baclofen do not include leg spasms caused by lumbar neuritis. Therefore, the request is considered not medically necessary.