

<b>Case Number:</b>	CM14-0031616		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 42 year old male who sustained an injury on 11/01/05 while bending over to pick up a light object. The injured worker developed severe low back pain. The injured worker is noted to have had a prior history of a low back injury for which he received epidural steroid injections. The injured worker has undergone multiple surgical procedures for the lumbar spine in 2008 and was left continuing chronic low back pain. The injured worker has utilized multiple medications to include narcotics, as well as muscle relaxers and anti-depressants. The injured worker did have interval emergency room visits for narcotic medications to address chronic pain. Medications have included long-term use of narcotic medications Zoloft, Baclofen, and Zofran. As of 01/16/14, the injured worker continued to report chronic low back pain radiating through the right lower extremity. At this evaluation, the injured worker was utilizing Oxycontin 80mg twice daily and Norco up to 4-5 times per day as well as Ibuprofen and Baclofen. The injured worker's physical exam noted limited lumbar range of motion with tenderness to palpation and associated muscle spasms. Medications were continued at this visit. The follow-up on 02/03/14 noted no change in the injured worker's symptoms or physical exam findings. Medication was again continued. At this evaluation, Baclofen was continued at 20mg #90. The requested Baclofen 20mg #60 and #90 were both denied by utilization review on 02/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the use of Baclofen 20mg quantity 60, this request is considered not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.

**Baclofen 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** In regards to the use of Baclofen 20mg quantity 90, this request is considered not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.