

Case Number:	CM14-0032508		
Date Assigned:	04/11/2014	Date of Injury:	04/03/2008
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

This injured worker's date of injury is 04/03/2008. The patient's treating physician is treating her for chronic right wrist and arm pain and regional sympathetic dystrophy (RSD). In his note dated 12/18/'13 her physician stated she has severe pain. Her medications include methadone, Nucynta, Lexapro, carbamazepine, naproxen, and Baclofen. On exam she held her right arm in a protected position. Her diagnoses include RSD upper extremity, depression, insomnia, chronic pain due to trauma, and COAT. Her physician has requested refills of Baclofen.

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 Muscle Relaxants for Pain Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Muscle Relaxants Page(s): 63-64.

Decision rationale: This patient has chronic arm pain, regional sympathetic dystrophy (RSD), and is opioid dependent. Baclofen is a muscle relaxant, specifically an anti spasticity drug. These medications are recommended as second-line options for the short-term management of low back

pain flair ups and to treat spasticity in cerebral palsy, MS, and spinal cord injury. Based on the documentation provided the requested service is not medically necessary.