

Case Number:	CM14-0032576		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2001
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 and is licensed to practice in 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 64 year old female who had a work related injury on 09/26/01. There no documentation submitted for mechanism of injury. Her diagnosis includes cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, displacement of the thoracic or lumbar intervertebral disc without myelopathy and thoracic or lumbosacral neuritis or radiculitis. The clinical documentation submitted does indicate that the injured worker has had acupuncture with some relief of symptoms. MRI of the lumbar spine dated 08/29/13 revealed multi-level hypertrophic and degenerative changes, again noted not significantly changed in interval period; associated annular fissuring of the L3 and L4 discs also grossly stable in appearance; multi-level mild and mild to moderate neuroforaminal narrowing and central canal stenosis greatest and modest in degree at L2-3 and L3-4. This study was compared to previous magnetic resonance imagings (MRIs) on 04/06/10 and 03/07/12. Medications are Lunesta 2mg 1 tablet every night and Baclofen 10mg tablet three times a day as needed for spasm. On physical examination, lumbar flexion increased to 50 degrees. Extension decreased to 15 degrees, left side increased to full range, and right side bending to 20 degrees with contralateral back pain. There was slight lordosis. There were decreased lumbar paraspinal spasms. There is residual bilateral S1 joint tenderness. Right straight leg raising test causes hamstring tightness at 45 degrees. Left straight leg raising test causes buttock pain at 45 degrees. The rest of the low back examination is normal. The injured worker continues to be compliant with independent home exercise program including use of total gym bike equipment. The request is for Baclofen 10mg tablet 3 times a day as needed for spasm #45 with 2 refills. There was a prior utilization review dated 03/03/04 and non-certified for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg, 1/2 tablet three times a day as needed for spasms, #45 with 2 refills:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants for Pain.

Decision rationale: The request for Baclofen 10mg tablet 3 times a day as needed for spasm #45 with 2 refills is not medically necessary. The clinical documentation does not support the continued use of Baclofen. There were decreased lumbar paraspinal spasms. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. As such medical necessity has not been established.