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| Case Number: | CM14-0036498 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 01/26/2013 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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 Orthopedic Surgery, 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 58-year-old female who was reportedly injured on 1/26/2013. The mechanism of injury was noted as a work-related injury to provide patient care services. The most recent progress note dated 3/3/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated spine: Positive cervical paraspinal muscle tenderness, left/right lower lumbar facets tender, facet loading test positive bilaterally, bilateral pain left greater than right with spine extension, right/left tilt causes back pain, recovery from flexion causes back pain. Neurological: Cranial nerves within normal limits, upper extremity exam sensory motor and reflexes all within normal limits. Lower extremity decreased pain sensation on the left, muscle strength normal, and deep tendon reflexes 1+, coordination of gait and motor normal. Diagnostic imaging studies included reference to cervical spine and lumbar x-rays performed on August 2013 and official radiological reports not available for review. Previous treatment included Naprosyn, Tramadol and physical therapy, A request had been made for Baclofen 10 mg #90 and was not certified in the pre-authorization process 3/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Baclofen 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 63, 64 of 127 Page(s): 63,64 of 127.

Decision rationale: Muscle relaxants such as (Baclofen) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain and may be effective in reducing pain, muscle tension and increasing mobility. However, in most cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Efficacy tends to diminish over time and prolonged use of some medications in this class may lead to dependence. After review of the medical documentation provided, it was noted that this 58-year-old injured worker did have some muscular tenderness to palpation. There was no documentation of spasticity noted. The patient's injury was from January 2013. This medication is recommended for short-term treatment. Therefore, due to this medication being used to treat a chronic condition, it is deemed not medically necessary. The request is not medically necessary and appropriate.