

Case Number:	CM14-0038892		
Date Assigned:	06/27/2014	Date of Injury:	03/12/2010
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 43-year-old male with a 3/12/10 date of injury. At the time (3/24/14) of request for authorization for Baclofen 10mg #90, there is documentation of subjective (7-8/10 low back pain with pain into buttocks and sometimes down the legs and both feet) and objective (limited lumbar range of motion, stiff, tender, tender over bilateral lumbar paraspinal muscles, vertebral tenderness at the midline-lumbar region, straight leg raise positive bilaterally, and hyperreflexia bilateral arms and legs) findings. The current diagnoses (post-laminectomy syndrome lumbar region, spinal stenosis lumbar without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis, unspecified). Treatment to date (medications (including ongoing treatment with Baclofen since at least 11/5/13 with improvement in pain and function)). There is no documentation of acute exacerbations of chronic low back pain and the intention to treat over a short course.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,

Muscle relaxants (for pain).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries, as criteria necessary to support the medical necessity of Baclofen. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of post-laminectomy syndrome lumbar region, spinal stenosis lumbar without neurogenic claudication, and thoracic or lumbosacral neuritis or radiculitis, unspecified. In addition, there is documentation of chronic low back pain with spasms. Furthermore, given documentation of ongoing treatment with Baclofen, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Baclofen use to date. However, there is no documentation of acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Baclofen since at least 11/15/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, the request for Baclofen is not medically necessary.