

<b>Case Number:</b>	CM14-0039422		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Internal 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:

The patient sustained her worker's comp injury on 5/18/12 and was first treated with P.T. and then referred for R shoulder surgery for labral repair and subacromial decompression. An MRI post surgery of the shoulder noted no occult fracture and soft tissue inflammation at the biceps tendon. She was sent on 10/31/13 to see a pain management specialist for ongoing care and he noted that she was on doxepin, baclofen, and zocor and did not wish to take narcotics for her pain. He also noted that she had no drug allergies and no significant past history. He diagnosed chronic R. shoulder pain, RUE pain and s/p shoulder surgery. He also diagnosed diffuse myofascial pain with chronic pain in the right side of the neck, R. shoulder, and RUE pain. He also diagnosed possible neuropathy type pain shooting down the RUE. He recommended PT, pain counseling, and acupuncture treatment. The chart notes that she had a request to refill her baclofen and that UR refused. The issue was referred for an IMR review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg, #30 x5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication treatment Page(s): 63, 64, 14, 16, 17.

**Decision rationale:** The chronic pain section of the MTUS states that baclofen is a muscle relaxant of the antispasticity type is used to treat spasticity in certain conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries. Baclofen is noted to provide blockade at both pre and post synaptic GABA receptors. It is used po for multiple sclerosis and spinal cord injuries . It is also used in treatment for lacerating and neuropathic pain. We also note that muscle relaxants are used as a second line drug for treatment of lumbar pain and that they offer no benefit over the preferred medicine, NSAID's. Specifically baclofen is included as one of the drugs that have limited published evidence of clinical effectiveness in treatment of this condition. Side effects of baclofen include sedation, dizziness, weakness, low blood pressure, constipation, and respiratory depression. Also, we note that the chronic pain section states that Elavil is a first line treatment for neuropathy and that anticonvulsants such as Neurontin, Lyrica, and Tegretol, and Dilantin also are indicated. In this specific patient the pain was mostly myofascial and related to chronic tendon inflammation. There was also a suggestion of chronic neuropathic pain with pain radiating down the LUE . We do not have a condition such as CP, MS, or chronic spinal cord pain which would need an antispasmodic to relieve muscle spasms. As noted in the discussion on lumbar myofascial pain, NSAID's are the first line treatment and there is little evidence to recommend the use of baclofen for this type of pain. The patient presents with mostly this type of myofascial pain and has no history of medical problems which would contradict the use of NSAID's. Also we note that radiating or neuropathic pain is a possibility in this patient and that the MTUS indicates that such drugs as Elavil, and anticonvulsant medications such as Neurontin and Dilantin and also Lyrica should be the initial drugs utilized. Baclofen should only be used after a trial of other medicine which are more commonly used for this type of condition. Therefore, other meds should be instituted for this patient's pain and it is not medically necessary that Baclofen be utilized at this time for treatment of the pain. Given the above the request is not medically necessary.