

<b>Case Number:</b>	CM14-0042719		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Practice 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 claimant is a male who sustained a work injury on 10/18/2000 involving the low back, foot and knee. He underwent a toe amputation due to a crush injury. He was diagnosed with right knee osteoarthritis, chronic lumbar strain and right foot pain. A progress note on 1/14/14 indicated that the claimant had continued foot pain while weight bearing. Exam findings were notable for antalgic gait, lumbar spasms, and tenderness over the right 1st metatarsal head and right ankle. He had been taking Ultram for pain. He had good muscle relaxation with Baclofen 10mg TID and used topical Voltaren gel for right foot pain instead of oral NSAIDs. A progress note on 3/31/14 indicated the claimant had good response to the mentioned medications. Exam findings were essentially the same. The claimant continued the medications and the treating physician recommended continuation of Ultram, Baclofen and Voltaren on 3/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90 with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-65.

**Decision rationale:** Baclofen is a muscle relaxant. According to the MTUS guidelines, Baclofen is used for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Based on several months use of Baclofen for unapproved diagnoses (the claimant does not have MS or spinal cord injury), the continued use of Baclofen not medically necessary.