MAXIMUS Federal Services

Case Number:	CM14-0047560		
Date Assigned:	06/25/2014	Date of Injury:	04/10/2006
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/31/2014

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 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:

This case involves a 50 year old male worker who sustained an injury on 04/10/2006. Mechanism of injury is unknown. Current diagnoses include, failed back surgery syndrome of the lumbar spine; post-traumatic stress disorder; radiculopathy in the thoracic and lumbosacral spine; chronic pain due to trauma; facet arthropathy; and spinal cord stimulator. The injured worker complained of moderate to severe diffuse back pain radiating into bilateral lower extremities and with medication a pain scale of 9/10. Physical examination revealed decrease lumbar mobility, lumbar spine tenderness with moderate pain with motion, and thoracic spine tenderness with mildly reduced range of motion. There was no sensory loss or motor weakness. In addition, the injured worker's balance, gait, coordination were intact. The deep tendon reflexes were preserved and symmetric with the appropriate mood and affect. The injured worker reported, with the use of medication, having the ability to perform simple chores around the house and minimal activity outside of the house two days a week. He utilizes the spinal cord stimulator intermittently; however, had adverse sensation in bilateral feet resulting in multiple evaluations of lead placement and reprogramming. Current medications included Tramadol, Tizanidine, Soma, Senna, Baclofen, Gabapentin, Naproxen, Lunesta, MiraLax, Multivitamin and Doculase. The initial request for Baclofen 20mg #120 was non-certified on 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: 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. Studies have shown that the efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management which is also indicating lack of efficacy if being utilized for choric flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the request for Baclofen 20 mg #120 is not medical necessary.