

Case Number:	CM14-0049046		
Date Assigned:	07/07/2014	Date of Injury:	07/14/2000
Decision Date:	10/27/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/19/2014

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 Emergency Medicine, has a subspecialty in Emergency Medical Services and is licensed to practice in Texas. 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 64-year-old male with a reported date of injury on 07/14/2000. The injury reportedly occurred during a motor vehicle accident. His diagnoses were noted to include degenerative disc disease at C3-4, C6-7, status post anterior cervical discectomy and fusion at C5-6, plantar fasciitis and tarsal tunnel syndrome to the right foot, right carpal tunnel syndrome, and status post excision of plantar fascia, right foot, tarsal tunnel release, excision of exostosis and partial excision of the bone to the right foot. His previous treatments were noted to include surgery, epidural injections, Botox injection, physical therapy, and medications. The progress note dated 06/7/2014 revealed complaints of numbness in the hand, along with hand and neck pain, and carpal tunnel syndrome to the left and right. The physical examination revealed paraspinal spasms, trigger points to the trapezius, rhomboids, and supraspinatus. The deep tendon reflexes were symmetric bilaterally and the tenderness was greater on the occipital right and left with pain on the range of motion at 50%. The sensory examination was abnormal and the motor examination was normal. The Request for Authorization form dated 06/26/2014 as for baclofen 20 mg #60. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg one BID Count #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for baclofen 20 mg, 1 twice a day, count #60 is not medically necessary. The injured worker has been on this medication since at least 1/2013. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen. There is a lack of documentation regarding improved functional status and efficacy of this medication. Additionally, the injured worker has been utilizing this medication for an extended period of time and the guidelines recommend short term utilization. Therefore, the request is not medically necessary.