

Case Number:	CM14-0049231		
Date Assigned:	06/23/2014	Date of Injury:	03/15/2011
Decision Date:	08/05/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 Maryland. 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 employee was a 59 year old female who sustained an industrial injury on 03/15/11. The mechanism of injury was cumulative injury to back and right leg. The pertinent prior evaluations included an MRI of lumbar spine on 05/20/2011 that showed annular bulge and central disc herniation at L4-L5 without canal stenosis, but with mild to moderate neural foraminal compromise bilaterally and broad based protruding disc at L5-S1 and bilateral severe neural foraminal compromise. Her other medical problems included hypertension. Her medications included Lidoderm patch, Motrin, Percocet, Baclofen, Omeprazole, Atenolol, Diazepam, Methylprednisone, Benicar HCT, Amlodipine and Buspar. Her treatment also included bursa injection to hip. The most recent progress note was from 02/26/14. Pertinent subjective symptoms include increased pain level since previous visit. There were no reported side effects. She denied new injuries and reported same quality of life. Pertinent objective signs included mild distress due to moderate pain. Gait was noted to be antalgic. Lumbar spine range of motion was restricted and she was noted to have trigger point tenderness on lumbar paravertebral muscles. She was also found to have positive straight leg raising test on the right side at 45 degrees. Tenderness was also noted over coccyx. Neurological examination showed decreased left hip flexor strength and decreased sensation over the L5 dermatome on the right side. Her diagnoses included lumbar radiculopathy, hip pain and low back pain. The plan of care included request for right hip bursa injection, refilling Percocet, Lidoderm, Baclofen for myofascial spasms at a decreased frequency and home exercise program. The request is for Baclofen 10mg #30. She was started on Baclofen for myofascial spasms on 01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64, 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: The employee was being treated for low back pain as well as lumbar radiculopathy. Her treatment plan included Opioids, topical Lidoderm, antispasticity drugs like Flexeril and Baclofen, home exercise program and injections of bursa. According to MTUS guidelines, Baclofen is currently recommended orally for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. The medical records provided for review don't reveal a diagnosis of multiple sclerosis or spinal cord injury which would meet guideline criteria. Hence the request for Baclofen 10mg #30 is not medically necessary or appropriate.