MAXIMUS Federal Services

Case Number:	CM14-0050244		
Date Assigned:	07/11/2014	Date of Injury:	09/05/1995
Decision Date:	10/09/2014	UR Denial Date:	02/25/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 62 year old male who reported an injury on 09/05/1995. The mechanism of injury was due to a fall. His diagnoses included status post shoulder surgery, status post lumbar fusion, and degenerative disc disease of the lumbar spine with facet arthropathy and retrolisthesis at L1-2, L2-3, and L3-4, lumbar radiculopathy, and degenerative disc disease of the cervical spine with facet arthropathy. The past treatment included medication. The diagnostic studies included an EMG/NCS of the bilateral lower extremities dated 10/03/2013 and was noted to be read as abnormal with evidence of bilateral L5-S1 radiculopathy. The surgical history included a lumbar fusion and shoulder surgery. On 01/08/2014, the injured worker complained of low back pain with bilateral numbness and pain extending to his feet that he rated an 8-9/10 on the pain scale. He reported that the baclofen helps with his neck spasms more than his back. Upon physical examination, he was noted to have tenderness to palpation of the cervical and lumbar spine with spasms appreciated. He was noted to have diminished sensation of the right C8 dermatome and of the bilateral L4, L5 and S1 dermatomes. The medications were listed as amitriptyline hcl, temazepam, hydrocodone/apap, and baclofen. The treatment plan was to request authorization for a CT scan of the lumbar spine, to continue the medications, and request epidural steroid injections. The rationale for the request was not provided. The request for authorization form was signed and submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The request for baclofen 20 mg, quantity 120 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is noted as one of the drugs with the most limited published evidence in terms of clinical effectiveness. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. This drug should not be discontinued abruptly. The injured worker has been using the medication since at least 01/08/2014, he reported that the medication helped with his neck spasm more than his back. The guidelines recommend muscle relaxants for short-term treatment. In the absence of documentation with evidence of efficacy and due to the duration of time the injured worker has been documented to be using the muscle relaxant, the request is not supported. Therefore, the request is not medically necessary.