

Case Number:	CM14-0050945		
Date Assigned:	07/07/2014	Date of Injury:	02/01/2008
Decision Date:	08/06/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

AXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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 is a patient with a date of injury of February 1, 2008. A utilization review determination dated March 1, 2014 recommends modified certification for a prescription of baclofen #15. The initial request was for #30 with one refill. Modified certification was due to lack of documentation including subjective and objective findings of muscle spasm. A progress report dated April 7, 2014 identifies subjective complaints of ongoing pain rated as 5/10 with medication and 8.5/10 without medication. Physical examination findings seem to indicate muscle tension in the paraspinal muscles. Diagnoses include lumbar radiculopathy. The treatment plan recommends Norco, and baclofen. The note goes on to state baclofen and Ativan are still quite helpful-without baclofen, it tightens up in afternoon, Ativan loosens it up for sleep. A progress report dated February 19, 2014 indicates that baclofen helps with sleep and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen, the Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. The Guidelines go on to indicate that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit (in terms of percent reduction in pain or reduced NRS directly attributable to Baclofen) or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.