

Case Number:	CM14-0052475		
Date Assigned:	07/07/2014	Date of Injury:	06/29/2012
Decision Date:	08/12/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 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:

According to the records made available for review, this is a 62-year-old male with a 6/29/12 date of injury. At the time (3/11/14) of request for authorization for Baclofen 10 mg #90, there is documentation of subjective (constant lower back pain) and objective (tenderness to palpation over the left lumbar facets, pain with lumbar extension, and spasms in the lumbar paraspinal musculature with positive twitch response) findings, current diagnoses (sacroiliac sprain, lumbosacral sprain, lumbar facet arthropathy, and lumbago), and treatment to date (ongoing therapy with Naproxen with 30% reduction in pain). In addition, medical report identifies the patient has not received or tried Baclofen; and plan identifies Baclofen 10mg by mouth three times per day as needed spasms #90. There is no documentation of muscle spasm related to multiple sclerosis and/or spinal cord injuries; short-term (less than two weeks) treatment of acute low back pain, and short-term treatment of acute exacerbation of chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,

Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries, as criteria necessary to support the medical necessity of Baclofen. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that 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. Within the medical information available for review, there is documentation of diagnoses of sacroiliac sprain, lumbosacral sprain, lumbar facet arthropathy, and lumbago. In addition, there is documentation of spasticity and that the patient has not received or tried Baclofen. However, there is no documentation of muscle spasm related to multiple sclerosis and/or spinal cord injuries. In addition, given documentation of chronic low back pain and a plan identifying Baclofen 10mg by mouth three times per day as needed spasms #90, there is no documentation of short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbation of chronic low back pain. Therefore, based on guidelines and a review of the evidence, the request for Baclofen 10 mg #90 is not medically necessary.