

<b>Case Number:</b>	CM14-0056302		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/25/1977
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old male who reported an injury on 01/25/1977. The mechanism of injury was not provided for the clinical review. The diagnoses include residual L5-S1 radiculopathy, L1-4 fusion following an L4 through sacral exploration redo fusion and decompression. Previous treatments include medications and surgery. In the clinical note dated 03/15/2014, it was reported that the injured worker complained of significant pain "both proximally and his lower back." Upon physical examination, the provider noted that the injured worker had decreased flexion of the low back and a healed low back incision. The provider requested baclofen for muscle spasms. The Request for Authorization was not provided for the clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20 mg tab #60:** 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 Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for baclofen 20 mg #60 is non-certified. The injured worker complained of significant pain "both proximally and his low back." The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note that the medication is not recommended to be used for longer than 2 to 3 weeks. 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. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of objective findings indicating that the injured worker is treated for muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 06/2013, which exceeds the guideline recommendations for a short-term use of 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.