

Case Number:	CM14-0057620		
Date Assigned:	07/09/2014	Date of Injury:	09/05/1995
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Occupational Medicine 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:

The claimant is presented with a date of injury of 09/05/95. He reportedly was working and tripped and fell on cement. He is status post L4-5 and L5-S1 fusion in February 1999 with a revision in October 2005. He also had rotator cuff repair and acromioplasty in July 2009 and is status post carpal tunnel release. He has degenerative disc disease of the lumbar spine with facet arthropathy and retrolisthesis at several levels. He was seen by Dr. [REDACTED] on 03/05/14 and complained of numbness and pain to his feet. He uses an electric wheelchair around the house. He was taking Norco for pain, temazepam to sleep, and baclofen 4 times per day. Physical examination of the cervical spine showed good range of motion. He had decreased range of motion of the lumbar spine with diminished sensation at the C8 dermatome on the right. He also had diminished sensation of the bilateral L4-S1 dermatomes. The claimant had a markedly antalgic gait and tenderness of the cervical and lumbar spines with spasms. He was to continue Norco, Elavil, baclofen, and temazepam. On 07/02/14, he was seen again. He still had pain rated 9-10/10 and it had gotten worse. He had constant stabbing in the low back with radiating radiation of pain to the legs bilaterally. He was 50% worse. It was stated that baclofen helps his neck spasms more than his back. He denied side effects of the medications. The claimant was in no acute distress but had an antalgic gait with tenderness and spasms of the cervical and lumbar spine. He had limited range of motion and decreased sensation as before. Medications were refilled. There is no documentation of an exercise program. Evaluation dated 04/30/14, reported that medications help with his pain and normalization of his function. He had similar findings as before. The medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Comp. 18th edition, 2013 Updates, Pain chapter, Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 97.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, “muscle relaxants (for pain) - recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004)... Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. (See, 2008) (van Tulder, 2006) Antispasticity Drugs: Used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. (Chou, 2004) Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures).” In this case, the specific objective measurable or functional benefit to the claimant of the use of this medication is unclear. The employee’s specific pattern of use, including his symptoms before use and the objective or functional improvement that he then experiences, have not been documented. The use of muscle relaxants is not supported by the MTUS on a chronic basis. Therefore, the request for Baclofen 20mg #120 is not medically necessary and appropriate.