

<b>Case Number:</b>	CM14-0060435		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/24/1986
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 71-year-old male who sustained a work related injury on 06/24/1986 as result of preventing a cabinet filled with █████ from falling. Since then he has complaint of lower back pain with radicular symptoms along the bilateral lower extremities. His pain is rated as 8/10 at its height, 4/10 as a baseline. Physical examination identifies an antalgic gait with use of a cane for assistance. He has a flattened lumbar lordosis with associated muscle spasm in the lumbar region, positive facet tenderness with facet loading positive for pain elicitation. The patient has a positive straight leg raise bilaterally. Neurologically unable to stand on his toes and heels, has a decreased sensation along the right L4 dermatome and slightly weak right toe extensor hallucis longus. Imaging studies include a lumbar MRI dated in 2008 that identified a L3-4 disc bulge with annular tear and a L5-S1 focal left paracentral disc extrusion with caudal migration of disc material and neural foraminal stenosis on the right with associated right L5 nerve root compression. Previous treatments have included acupuncture and transcutaneous electric nerve stimulation (TENS) use without any improvement. Current treatment regimen includes use of Lidoderm patches, Gabapentin, Percocet 10/325, Oxycontin 10mg, Celebrex 200mg and Baclofen 10mg. In dispute is a decision for Baclofen 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 64.

**Decision rationale:** Baclofen (Lioresal, generic available): 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). The guidelines are clear as to the diagnosis that Baclofen may be utilized to treat. The patient has not been diagnosed with multiple sclerosis or a history of spinal cord injury. Neither has the patient been diagnosed with trigeminal neuralgia. As such, the use of this medication is not medically necessary.