

<b>Case Number:</b>	CM14-0061041		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/04/2000
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/16/2014
<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 Preventive 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:

According to the records made available for review, this is a 51-year-old female with an 11/4/00 date of injury. At the time (4/3/14) of the request for authorization for Baclofen 10mg BID #90 3 refills, there is documentation of subjective (upper extremity pain and weakness, lower extremity weakness) and objective (decreased grip on the left with strength testing diminished left compared to right, tender across the low back, she avoids flexion and extension) findings, current diagnoses (lumbar sprain with instability and weakness, loss of bowel and bladder control, cervical sprain, and upper extremity radiculopathy), and treatment to date (medication including Baclofen for at least 5 months). There is no documentation of an acute exacerbation of chronic low back pain; Baclofen used as a second line option; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; a reduction in the use of medications with use of Baclofen; and the intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg BID #90 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The 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. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain with instability and weakness, loss of bowel and bladder control, cervical sprain, and upper extremity radiculopathy. In addition, there is documentation of treatment with Baclofen for at least 5 months. However, there is no documentation of an acute exacerbation of chronic low back pain and Baclofen is used as a second line option for short-term treatment. In addition, given documentation of treatment with Baclofen for at least 5 months, there is no documentation 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 with use of Baclofen. Furthermore, given documentation of records reflecting prescriptions for Baclofen since at least 11/27/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Baclofen 10mg BID #90 3 refills are not medically necessary.