

Case Number:	CM14-0064696		
Date Assigned:	07/11/2014	Date of Injury:	03/12/2010
Decision Date:	09/12/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 injured worker is a 58 year old male who had a work related injury on 03/12/10. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 06/05/14. The injured worker complained of low back and buttocks, and sometimes down the legs to feet. Pain was rated 8/10. Aggravating alleviating factors, improvement while lying down and changing positions. Physical examination patient was injured worker alert and oriented, appropriate mood and affect. Musculoskeletal cervical non-tenderness. Flexion/extension normal without pain. Thoracic spine normal within normal limits no tenderness. Lumbar spine inspection limited range of motion, stiff, and tenderness. Flexion/extension and bilateral rotation and bilateral lateral bending decreased with pain. Tenderness over bilateral sacroiliac joints. Vertebral tenderness in midline lumbar spine. Tenderness over bilateral lumbar facets. Gluteus medius tenderness bilaterally. Trochanteric bursa tenderness bilaterally. Unsteady gait, continually used cane for assistance. Straight leg raise positive bilaterally. Reflexes in upper extremities upper and lower extremities rated 2+. Strength in upper extremities and lower extremities rated 5/5 to manual motor testing. Sensation intact to light touch in upper extremities and lower extremities. Diagnoses post-laminectomy syndrome. Lumbar spine stenosis with neurogenic claudication. Prior utilization review on 04/28/14 Baclofen was modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg x 90/30: 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): 63-66.

Decision rationale: The request for Baclofen 10mg x 90/30 is not medically necessary. Current evidence based guidelines do not support the request for Baclofen. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low blood pressure (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Therefore, medical necessity has not been established.