

<b>Case Number:</b>	CM14-0069048		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and is licensed to practice in Illinois. 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 43-year-old female who reported an injury on 03/19/2003. The injury was reported as when the injured worker reached for a file and felt a pain in her back. The diagnoses included pain in the thoracic spine, postlaminectomy syndrome, lumbosacral degenerative disc disease, lumbosacral neuritis, opioid dependence, and constipation. Previous treatments include surgery, acupuncture, facet injections, epidural injections, heat/ice, massage, occipital nerve block, physical therapy, and medications. Within the clinical note dated 06/04/2014, it was reported that the injured worker complained of lower back pain. The injured worker reported increased pain in her thoracic spine and right buttock. She described her pain as aching, burning, numb, sharp, shooting, and spasms. She rated her pain at 6/10 in severity. Upon physical examination, the provider noted tenderness to palpation over the right paravertebral thoracic spasm, left paravertebral thoracic spasm, right paravertebral lumbar spasm, left paravertebral lumbar spasm. The injured worker had a right thoracolumbar spasm. The provider indicated the injured worker had a negative straight leg raise. The provider indicated the injured worker had multiple trigger points in the lumbosacral and thoracolumbar spine. The request was for baclofen and cyclobenzaprine. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for baclofen 10 mg #60 is non-certified. It was reported that the injured worker complained of lower back pain. The injured worker reported increased pain in her thoracic spine and right buttock. She described her pain as aching, burning, numb, sharp, shooting, and spasms. She rated her pain at 6/10 in severity. The California MTUS Guidelines recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note 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. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication for an extended period of time, since at least 04/2013, which exceeds the guideline recommendations of short-term use of 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. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10 mg, QTY: 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 cyclobenzaprine 10 mg #60 is non-certified. It was reported that the injured worker complained of lower back pain. The injured worker reported increased pain in her thoracic spine and right buttock. She described her pain as aching, burning, numb, sharp, shooting, and spasms. She rated her pain at 6/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain, muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The request submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication for an extended period of time, since at least 04/2013, which exceeds the guideline recommendations of short-term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

