

Case Number:	CM14-0072697		
Date Assigned:	07/16/2014	Date of Injury:	05/07/2011
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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:

Patient is a 53 year-old female with date of injury 05/07/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/05/2014, lists subjective complaints as low back pain with radicular symptoms to the bilateral lower extremities with associated weakness and numbness. Objective findings: Examination of the lumbar spine revealed tenderness to palpation. Straight leg test was positive at 70 degrees on the right side. No sensory deficit was noted. Diagnosis: 1. Degeneration of lumbar intervertebral disc 2. Spinal stenosis of lumbar region 3. Displacement of lumbar intervertebral disc. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 6 months. Baclofen, 10mg by mouth, three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS recommends Baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain). Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs (non-steroidal anti-inflammatory drug) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. There is no documentation that the patient has muscle spasm in the lumbar area.