

<b>Case Number:</b>	CM14-0078444		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/16/1991
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Management, and is licensed to practice in Tennessee. 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 55-year-old who has submitted a claim for status post multiple back surgeries with post-laminectomy failed back syndrome, reflex sympathetic dystrophy, right sciatica, internal derangement left shoulder, and narcotic dependence associated with an industrial injury date of June 16, 1991. Medical records from 2014 were reviewed. Some parts have small font sizes and were unreadable. The patient complained of low back pain. Physical examination showed decreased range of motion in flexion and extension with spasm of the lumbar spine. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, home exercise program, activity modification, lumbar epidural steroid injections, and lumbar laminectomy. The utilization review, dated May 7, 2014, denied the request for Baclofen tab 10mg day supply: 30 qty: 120 refills: 1 because there was no documentation of a maintained increase in function or decrease in pain with the use of this medication and it is not indicated for long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10 mg, 120 count with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen. In this case, the patient has been on baclofen since at least January 2014. Rationale for the request was not provided. Furthermore, there was no evidence of functional improvement or pain relief from intake of the medication. Moreover, baclofen is not intended for long-term use and is one of the drugs with the most limited published evidence of effectiveness as per the guidelines stated above. Therefore, the request for Baclofen 10 mg, 120 count with one refill, is not medically necessary or appropriate.