

Case Number:	CM14-0079758		
Date Assigned:	07/18/2014	Date of Injury:	02/08/1998
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64-year-old woman who sustained a work-related injury on February 8, 1998. Subsequently she developed chronic back and neck pain. According to a progress note dated on January 3, 2014 patient was complaining of low back pain. The patient was complaining of low back pain. The she will was status post the posterior spinal fusion at L4-L5 with laminectomy L5-S1. Her pain intensity was 6/10 which was exacerbated the by lifting, bending or walking long distances. Her physical examination demonstrated the lumbar tenderness with reduced range of motion, antalgic gait, and preservation of the normal examination. The patient was continued on physical therapy. The provider requested authorization to use baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 2 refills: 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 Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations

in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. According to patient file, she was not diagnosed with spinal cord injury or multiple sclerosis. Therefore, the request for BACLOFEN 10MG #90 is not medically necessary.