

Case Number:	CM14-0083040		
Date Assigned:	07/21/2014	Date of Injury:	10/03/2001
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Nevada. 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 55 year-old female who was reportedly injured on 10/3/2001. The mechanism of injury is noted as cumulative and repetitive trauma typing. The most recent progress note, dated 4/18 2014. Indicates that there are ongoing complaints of hand pain. The physical examination demonstrated: signs of trigger points and tenderness throughout the low thoracic and high lumbar paraspinal muscles. This is greater than her tenderness in the midline seems consistent with the findings of a myofascial syndrome. No recent diagnostic studies are available for review. Previous treatment includes [REDACTED], medications, and conservative treatment. A request was made for baclofen 20mg #90 and was not medically necessary in the pre-authorization process on 5/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20 mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 792.26 MTUS (Effective July 18, 2009) Page(s): 63, 64 of 127.

Decision rationale: The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm there is no functional benefit with the use of this medication. According, this is not medically necessary.