

Case Number:	CM14-0089450		
Date Assigned:	08/06/2014	Date of Injury:	06/23/2006
Decision Date:	09/10/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/13/2014

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 Emergency Medicine and is licensed to practice in New York. 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 49-year-old female who was injured on June 23, 2006. The patient continued to experience a pain in her lower back. Physical examination was notable for generalized tenderness to the thoracolumbar region, normal motor strength of the lower extremities, symmetrical deep tendon reflexes at 2/4 and decreased sensation to her left foot and lateral leg. Diagnoses included chronic pain syndrome, lumbar degenerative disc disease, and insomnia. Treatment included medications and epidural steroid injections. Requests for authorization for Restoril 30 mg #30 and Baclofen 10 mg # 90 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia Treatment Restoril.

Decision rationale: Baclofen is a muscle relaxant, 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. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case the patient does not have multiple sclerosis or spinal cord injury. There is no documentation of muscle spasm. There is no indication for the use of baclofen. The request is not medically necessary and appropriate.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: Baclofen is a muscle relaxant, 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. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case the patient does not have multiple sclerosis or spinal cord injury. There is no documentation of muscle spasm. There is no indication for the use of baclofen. The request is not medically necessary and appropriate.