

Case Number:	CM14-0102952		
Date Assigned:	09/16/2014	Date of Injury:	11/10/2004
Decision Date:	07/02/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female who sustained an industrial injury on 11/10/2004. Mechanism of injury was not documented. Diagnoses include status post multilevel cervical fusion, cervical radiculitis, and acute aggravation of cervical spine with associated myospasm. Treatment to date has included diagnostic studies, medications, and cervical epidural steroid injections. Medications include Percocet, Lyrica, Celebrex and Baclofen, and other medications are Prozac, Estradiol, Benazepril, Metformin, Vitamin B12 and Fish oil. A physician progress note dated 05/27/2014 documents the injured worker had a cervical epidural injection on 05/05/2014 and has had significant improvement in regard her neck pain and has been able to decreased medication in the form of Percocet and Lyrica from three times a day to two times a day. She does still have some burning pain in the upper trapezium. The upper extremity complaints have resolved and she is able to stand completely up and straighten without pain. At times she is able to reduce her Percocet to 1 time a day. She uses Lyrica mostly at night for her radicular pain and Baclofen for myofascial pain. She has tenderness of the paraspinal musculature with absence of muscles spasms of the cervical spine. There are tight muscle bands greater on the right and extended into the trapezium region without significant pain or spasm. She has improved range of motion in the cervical spine. She has a positive Tinel's sign on the right wrist median nerve. The treatment plan includes continuing her Percocet and wean as tolerated, Lyrica, Celebrex and a follow up appointment in one month. Treatment requested is for Baclofen 10 mg tid #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): s 64-65.

Decision rationale: Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury of 2004. The Baclofen 10 mg tid #90 is not medically necessary and appropriate.