

Case Number:	CM14-0183627		
Date Assigned:	11/10/2014	Date of Injury:	08/04/2004
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 42-year-old female injured on August 4, 2004 while lifting a heavy patient when employed as an EMT. An MRI scan on March 2, 2007 of the lumbar spine shows a small right paracentral disc herniation and extruded fragment at the L5-S1 level, contacting the right S1 nerve root. An MRI scan of the workers left knee on October 29, 2014 documents minimal degenerative changes in the knee and a moderate joint effusion. The injured worker underwent lumbar surgery, anterior lumbar decompression and lumbar fusion on June 27, 2007. As of October 2, 2014 there is documentation of complaints of low back, right shoulder, right hip, left knee, and right buttocks pain. Current pain level of 6/10 when not taking medications in 9/10 with medications. Has difficulty with walking and running. More pain reported with bending and flexing. Examination findings are documented to have included moderate tight band, severe spasm, moderate hypertonicity and moderate tenderness along the bilateral lumbar region. Flexion limited by 70%. Extension limited by 70%. Right rotation limited by 60%. Left rotation limited by 50%. Straight leg raising positive on the right at 40 in the L5 distribution and on the right at 40 in the S1 distribution with radicular symptomology. Facet distraction and loading maneuvers positive moderately at the bilateral L3-4, L4-5, and L5-S1 levels. There is decreased sensation to light touch which is the easiest and hyperpathia along with paresthesias at the right L5 and right S1 root distributions. There are mild diminished reflexes at the right medial hamstring and moderate diminished reflex at the right Achilles. Numerous diagnoses are documented including postlaminectomy syndrome; radiculopathy, lumbar spine; stenosis with neurogenic claudication, lumbar; facet arthropathy, lumbar; depressive disorder, scar conditions and fibrosis of the skin, lumbar spine; hip pain; cervicalgia; and atrial; adhesive capsulitis right shoulder, very mild; knee bursitis; pes anserine bursitis; iliotibial band syndrome; gait instability; abnormal posture, mild loss of lumbar lordosis;

acromioclavicular sprains and strains, right; shoulder sprain/strain. Current medications are documented to include senna laxative, baclofen 10 mg, omeprazole, gabapentin, Voltaren, nortriptyline, orphenadrine, fentanyl patch every 72 hours, valium 3 times a day for withdrawal symptoms, oxycodone 4-6 hours as needed, Lamictal one time per day, and zolpidem. Prescriptions supplied at this time include gabapentin, nortriptyline, senna laxative, baclofen, omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Baclofen 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) : Muscle relaxants (for pai.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 63 and 64.

Decision rationale: According to the MTUS, antispasticity drugs such as Baclofen, are used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. Baclofen 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, non-FDA approved). In contrast to antispasticity medications, such as Baclofen, antispasmodic medications such as Flexeril are used to decrease muscle spasm in conditions such as LBP. These medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, the worker's back spasms are not documented to be secondary to cerebral palsy, MS, spinal cord injury or paroxysmal neuropathic pain. The indication for baclofen appears to be for back pain and muscle hypertonicity/spasms. Therefore, the request for baclofen is not medically necessary or appropriate.