

Case Number:	CM14-0187890		
Date Assigned:	11/18/2014	Date of Injury:	12/12/1995
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/11/2014

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 65 year old man who sustained a work-related injury on December 12 1995. Subsequently, the patient developed a chronic lower back pain. According to a progress report dated on October 6 2014, the patient was complaining of low back pain radiating to both lower extremities with a severity rated 6/10. The patient physical examination demonstrated lumbar tenderness with mild stiffness and preservation of range of motion. The patient was diagnosed with myofascial sprain and lumbosacral disc disease. The provider requested authorization for Lioresal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lioresal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Lioresal is 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. (Chou, 2004) There is no documentation that the patient is suffering from a central nervous system induced spasticity. Therefore, the request for Lioresal is not medically necessary.