

Case Number:	CM14-0191994		
Date Assigned:	12/03/2014	Date of Injury:	07/13/1984
Decision Date:	01/14/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine and in Allergy and Immunology and is licensed to practice in Florida. 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 71-year-old male who reported an injury on 05/27/1999. The mechanism of injury was not submitted for review. The injured worker's diagnoses consist of abrasion to the forehead, cubital tunnel syndrome of the right arm, deviated nasal septum, joint pain localized in the right shoulder, limb pain, tendinitis of the Achilles tendon, and type 2 diabetes, uncomplicated. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications consist of amlodipine, benazepril, baclofen, allopurinol, Advair discus, glimepiride, carvedilol, Celebrex, and hydrocodone. No diagnostics were submitted for review. On 10/01/2014, the injured worker complained of having weakness in his right hand. He was stated to have difficulty gripping and squeezing. Past surgical history consists of right wrist surgery with removal of fractured wrist bone, release of carpal tunnel, and repair of another nerve. Physical examination of the right elbow revealed range of motion to be intact. There was a long healed surgical scar at the upper medial arm. There was possible site loss of bulk of thenar eminence. The injured worker was noted to have intact grip and finger spread, and thumb extension. The medical treatment plan is for the injured worker to continue with medication therapy. The rationale was not submitted for review. The Request for Authorization Form was submitted on 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen (20mg, #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Anti-spasticity drugs Page(s): 64.

Decision rationale: The request for baclofen (20mg, #60) is not medically necessary. According to the MTUS, the mechanism of action of baclofen is a blockade of the pre and synaptic GABA (B) receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis, multiple scoliosis, and spinal cord injuries. Baclofen has been noted to have benefits for treated lancinating, proximal neuropathic pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The submitted documentation did not indicate a diagnosis concurrent with the above guidelines. Additionally, there were no physical findings upon examination of the injured worker having spasticity or muscle spasm. Furthermore, the efficacy of the medication was not submitted for review, nor was there any evidence showing that the baclofen was helping the injured worker with any functional deficits. It is unclear as to how long the injured worker has been on the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.