MAXIMUS Federal Services

| Case Number: | CM14-0193770 | | |
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| Date Assigned: | 11/21/2014 | Date of Injury: | 05/09/2002 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 11/11/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

## 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 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:

This 53 year old male was a forklift operator when he sustained an injury on May 9, 2002. The injured worker reported injury to the neck, right shoulder, and the lower and upper back. The mechanism of injury was not included in the provided medical records. A MRI of the lumbar spine was done on June 6, 2006, which revealed broad-based disc protrusions and endplate ridging at L3-4, L4-5, and L5-S1. A MRI of the cervical spine was done on May 2, 2011, which revealed progressive degenerative disc disease above the level fusion at C5-6, bilateral uncovertebral hypertrophy, disc bulge, and mild-moderate left neural foraminal narrowing at C5-6, C6-7 bilateral uncovertebral hypertrophy and an osteophyte, and C4-5 posterior endplate spurring and bilateral neural foraminal narrowing. The injured worker was previously treated with medications, epidural steroid injections, and physical therapy. The injured worker was being treated with muscle relaxant, anti-epilepsy, pain, anti-anxiety, and sleeping medications currently. Recent signs and symptoms included continuing neck with right arm numbness and pain, bilateral shoulder pain, and left lower back pain. On October 21, 2014, the pain management physician noted constant pain with the lower back pain being the worst area, and the injured worker had exceeded his medication regimen. The injured worker walked with a cane. The pain was rated 7-9/10. The physical exam revealed left lower back pain with intermittent left leg numbness, axial lower back pain greater on the left side than the right, limited active range of motion, and paraspinal tenderness in the lumbar, thoracic, and cervical spine. The physician documented the injured worker had opioid dependency with efficacy. Diagnoses included cervicalgia, cervical postlaminectomy syndrome, cervicocranial syndrome, muscle spasm, thoracic/lumbosacral radiculitis, and degenerative lumbar//lumbosacral intervertebral discs, and lumbago. The physician recommended continuing the current muscle relaxant, anti-epilepsy, pain, anti-anxiety, and sleeping medications.On November 11, 2014

Utilization Review non-certified a prescription for Baclofen 20mg 1 by mouth every day to twice a day for muscle spasm and stiffness #60. The Baclofen was non-certified based on the long term use of muscle relaxers for the treatment of chronic pain conditions is not supported by the applicable guideline. It was noted by Utilization Review that a weaning program would need to be implemented so that the Baclofen could be stopped, due to the potential for withdrawal symptoms if the Baclofen was stopped abruptly. The Official Disability Guidelines (ODG), Pain Chapter: Baclofen was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen Tabs 20mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Baclofen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Muscle relaxants (for pain) recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead todependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Long term Baclofen is not medically necessary.