

<b>Case Number:</b>	CM14-0194500		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/23/2003
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Family Medicine and is licensed to practice in California. 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 is a 63 years female patient who sustained an injury on 9/23/2003. She sustained the injury while bending over underneath the desk to retrieve the pin. The current diagnoses include chronic pain syndrome, cervical postlaminectomy syndrome, cervical spondylosis without myelopathy, depressive disorder, generalized osteoarthritis and carpal tunnel syndrome. Per the doctor's note dated 11/5/2014, she had complaints of neck pain at 5/10 with stiffness. The physical examination revealed restricted and painful cervical range of motion, scar over the anterior neck, cervical tenderness and normal strength and sensation in bilateral upper extremities. The medications list includes Baclofen, Tizanidine, Cymbalta, Synthroid, Lexapro, Lisinopril, Toprol XL, Lipitor, Omeprazole and Norco. She has had cervical MRI dated 3/7/14 which revealed solid interbody fusion at C4-5, stable from 03/04/11, reversal of normal cervical lordotic curvature, stable from 03/04/11 and multilevel cervical canal stenosis and foramina I narrowing, stable from 03/04/11; cervical MRI dated 3/4/11 which revealed fusion at C4-C5; posterior spurring and bulging at the C3-C4, C5-C6 and C6-C7; at C5-C6 and C6-C7 more prominent to the left than to the right; anterior-posteriordiameter of the canal measures 10.8 at C5-C6; some mild foraminal narrowing at C6-C7, C5 -C6; MRI of cervical spine 9/19/2002; EMG/NCS dated 6/8/11 which revealed bilateral carpal tunnel syndrome and possible left C7 radiculopathy; MRI left knee dated 11/27/13 which revealed post arthroscopic changes with evidence of partial lateral meniscectomy involving the posterior horn, tricompartmental osteoarthritis, small joint effusion and mild quadriceps tendinosis with mild prepatellar enthesopathy. She had undergone cervical spine fusion at C4-5 in 1997; left knee arthroscopy in 2010; tonsillectomy in 1955; lumpectomy in 1977; hysterectomy in 1994; bilateral blepharoplasty in 2010. She has had cervical epidural steroid injections, radiofrequency ablation, trigger point injections and occipital nerve blocks for this injury. She had diagnostic median

branch block on 10/27/14 with improvement in pain. She has had physical therapy visits and chiropractic visits for this injury. She has had a urine drug screen on 4/9/14 with negative results.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10mg #15:** Upheld

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

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

**Decision rationale:** Baclofen is a muscle relaxant. California MTUS, Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen."The medications list includes Tizanidine which is a muscle relaxant. Rationale for an additional muscle relaxant is not specified in the records provided. In addition, date of injury is 9/23/2003. Any evidence of acute exacerbations in this patient is not specified in the records provided. Therefore, this request for Baclofen 10mg #15 is not medically necessary.