

Case Number:	CM14-0194531		
Date Assigned:	12/02/2014	Date of Injury:	12/21/1998
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	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 Pain Management and Rehabilitation, 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 50 year-old patient sustained an injury on 12/21/1998 from a MVA. Request(s) under consideration include Baclofen 10mg # 90. Diagnoses include myalgia/myositis; facet arthropathy; thoracic/ lumbosacral neuritis; meniscal derangement; and lumbar spine DDD. Conservative care has included medications, therapy, and modified activities/rest. There is recommendation for facet procedure. Report from the provider noted chronic ongoing low back pain and gluteal area pain radiating to left ankle, calf, and foot rated at 9/10 without and 5/10 with medications. Exam showed antalgic gait; moderate spasm; SLR produced pain at less than 90 degrees; intact motor strength. Medications list Percocet, Midazolam, and Soma changed to Baclofen. The patient was referred for spinal cord stimulator. The request(s) for Baclofen 10mg # 90 was non-certified on 11/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Page(s): 60,63. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 12th Edition (web), 2014, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: This 50 year-old patient sustained an injury on 12/21/1998 from a MVA. Request(s) under consideration include Baclofen 10mg # 90. Diagnoses include myalgia/myositis; facet arthropathy; thoracic/ lumbosacral neuritis; meniscal derangement; and lumbar spine DDD. Conservative care has included medications, therapy, and modified activities/rest. There is recommendation for facet procedure. Report from the provider noted chronic ongoing low back pain and gluteal area pain radiating to left ankle, calf, and foot rated at 9/10 without and 5/10 with medications. Exam showed antalgic gait; moderate spasm; SLR produced pain at less than 90 degrees; intact motor strength. Medications list Percocet, Midazolam, and Soma changed to Baclofen. The patient was referred for spinal cord stimulator. The request(s) for Baclofen 10mg # 90 was non-certified on 11/3/14. Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury of 1998 with recent use of Soma, another muscle relaxant. Baclofen 10mg # 90 is not medically necessary and appropriate.