MAXIMUS Federal Services

Case Number:	CM14-0195346		
Date Assigned:	12/03/2014	Date of Injury:	07/10/2007
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 40 year old female with an injury date of 07/10/07. As per 10/23/14 progress report, the patient is status post microdiscectomy at L4-L5 on 01/03/08. She has also undergone left ankle ORIF on 12/16/13 and right ankle ORIF on 01/06/14 with a follow-up on 01/23/14, as per progress report dated 09/2514. As per progress report dated 10/23/14 again, the patient currently complains of pain in bilateral shoulders, lower back, bilateral hips, and left knee, rated at 7/10 with medications and 9/10 without them. Physical examination of the lumbar spine reveals tenderness to palpation of the left paravertebral muscles. Range of motion is restricted with flexion at 45 degrees and extension at 15 degrees. Lumbar facet loading is positive bilaterally while straight leg raise is positive on the left. Sensation to light touch is reduced over the L5-S1 lower extremity dermatome on the left side. Medications, as per progress report dated 10/23/14, include Baclofen, Oxycontin, Percocet, Gabapentin, Insulin, Lisinopril, Pepcid, and Simvastatin. The patient also received medial branch blocks without any relief, as per progress report dated 08/22/14. She has also relied on facet joint injection, lumbar epidural steroid injection, physical therapy, acupuncture, and TENS unit, as per progress report dated 06/27/14. The patient's work status has been determined as permanent and stationary, as per progress report dated 10/23/14. MRI of the Lumbar Spine, 06/07/12, as per QME report dated 05/14/14:- 3 mm Broad-based central disc herniation at L4-5.- Mild central spinal canal stenosis and bilateral facet arthropathy,Electromyography, 05/29/12, as per QME report dated 05/14/14:- Moderate-to-severe lumbosacral radiculopathy at L5 bilaterally- Diffuse sensory and motor distal peripheral neuropathyDiagnoses, 10/23/14:- Lumbar radiculopathy- Post lumbar laminectomy syndrome- Spinal/lumbar degenerative disc disease- Low back pain- Dizziness and giddines. The treater is requesting for BACLOFEN 20 mg # 120. The utilization review determination being challenged

is dated 11/04/14. The rationale was "The documentation does not identify presence of spasticity and there is no documentation of significant functional / vocational benefit with the use of muscle relaxants." Treatment reports were provided from 05/14/14 - 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in bilateral shoulders, lower back, bilateral hips, and left knee, rated at 7/10 with medications and 9/10 without them, as per progress report dated 10/23/14. The request is for Baclofen 20 mg # 120. The patient is also status post microdiscectomy at L4-L5 on 01/03/08, left ankle ORIF on 12/16/13, and right ankle ORIF on 01/06/14 with a follow-up on 01/23/14, as per progress report dated 09/2514. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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 to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, the prescription for Baclofen was first noted in progress report dated 06/06/14. The medication is being prescribed consistently since then. Progress report dated 10/23/14 states that the patient "still has pain symptoms on a continuous basis, but they are alleviated somewhat by current meds." The treater states that medications allow her to function as best as possible." However, he also recommends a spinal cord stimulator trial given the patient's failure to improve with conservative treatment including "pharmaceutical management" among other things. Physical examination of the patient does not reveal muscle spasms. Additionally, requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The treater's request for # 120 exceeds the recommendation. This request is not medically necessary.