

Case Number:	CM14-0200581		
Date Assigned:	12/10/2014	Date of Injury:	07/12/2012
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47 year old male worker sustained an injury to the bilateral shoulders and low back. The date of injury was July 12, 2012. Diagnoses include lumbago, degenerative lumbar/lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy and thoracic/lumbosacral radiculitis. On September 19, 2013, MRI of the lumbar spine revealed disc degeneration L4-5 and L5-S1, L5-S1 annular tear and disc bulge and facet arthropathy at L4-5 and L5-S1. On September 15, 2014, the injured worker complained of severe midline low back pain and numbness radiating into the bilateral buttocks. He had intermittent but frequent pain radiating into the groin, with new onset of weakness to the right ankle and foot. He rated his symptoms with medication an 8 on a 1-10 pain scale and a 10 without medications. Physical examination revealed palpable tenderness over the midline lumbar spine and over the right lumbar paravertebral muscles. His range of motion was flexion 26 degrees, extension 12 degrees, left lateral bend 20 degrees and right lateral bend 12 degrees. Medications were listed as treatment. Medical notes stated that he had facet blocks at L4-5 and L5-S1 on March 2014, which were non-diagnostic. A retrospective request was made for Baclofen 10mg #90 and prospective request for Baclofen 10mg #90. On November 21, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Baclofen 10mg #90 (DOS 10-11-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the retrospective request for Baclofen 10mg #90 is not medically necessary.

Prospective usage of Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the prospective request for Baclofen 10mg #90 is not medically necessary.