

Case Number:	CM14-0201199		
Date Assigned:	12/11/2014	Date of Injury:	01/20/2003
Decision Date:	01/30/2015	UR Denial Date:	11/07/2014
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 Physical Medicine Rehab, 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 54 year old male with an injury date of 01/20/03. Per the 10/30/14 supplemental pain management report, the patient presents with lower back and bilateral knee pain. Examination of the lumbar spine reveals, palpable twitch and positive trigger points in the paraspinous muscles. The patient's gait is mildly antalgic. The patient's diagnoses include: 1. Radiculopathy lumbar spine 2. Sprain/strain lumbosacral 3. Knee/lower leg pain 4. Cervicalgia. The patient is status post multiple knee surgeries. The most recent are left knee in November, 2013 and right knee in January, 2014. Back pain has been managed with medications and bilateral TFLESI's. Injections provide typically 50% reduction in pain symptoms and increased functionality for 6 months. Medications are listed as: Norco, Soma, Celebrex, Prilosec, Neurontin and Ambien. The utilization review being challenged is dated 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Cyclobenzaprine Page(s): 63; 64.

Decision rationale: The patient presents with lower back and bilateral knee pain. The current request is for Baclofen 10 mg, sixty count with two refills. The request is per report of 10/30/14. The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic lower back pain [LBP]. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond non-steroidal anti-inflammatory drugs [NSAIDs] and pain and overall improvement." The reports provided show that the patient has just started this medication 10/30/14 to replace Soma. The patient had been prescribed Soma since at least 07/08/14. The 10/30/14 report states, "1 Tablet Twice a DY PRN for 30 Days" In this case, the medication does appear to be a second line treatment for lower back pain as the patient is prescribed an opioid (Norco) and an NSAID (Celebrex). However, MTUS states Baclofen is indicated for short-term treatment and the treater is requesting for #60 with 2 refills which appears to be a 90 day supply. The request is not medically necessary.