

<b>Case Number:</b>	CM14-0201370		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	06/16/1997
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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:

The patient is a 39 year old woman who sustained a work-related injury on June 18 1997. Subsequently, the patient developed a chronic back pain. According to a progress report dated on November 4 2014, the patient was complaining of ongoing back pain radiating to right lower extremity. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was diagnosed with right S1 radiculopathy and chronic back pain. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #90:** Upheld

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

**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 no clear evidence of acute exacerbation of spasticity in this case. Continuous use of Baclofen may reduce its efficacy and may cause dependence. According to patient file, he was not diagnosed with spinal cord injury or multiple sclerosis. Therefore, the request for Baclofen 20mg #90 is not medically necessary.