

Case Number:	CM14-0203454		
Date Assigned:	12/16/2014	Date of Injury:	02/21/2001
Decision Date:	02/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 71-year-old male with a 2/21/01 date of injury. At the time (11/6/14) of request for authorization for Baclofen 10mg #90, there is documentation of subjective (shoulder, neck, and low back pain) and objective (3/5 upper extremities strength, tenderness over the lumbar spinous processes, taut muscle bands over the shoulders and neck, and limited range of motion of the back) findings, current diagnoses (pain in joints - shoulder region, cervicgia, and lumbago), and treatment to date (medications (including ongoing treatment with Baclofen and Norco)). Medical report identifies that Baclofen provided pain relief and enable the patient complete activities of daily living. There is no documentation of short-term (up to two weeks) treatment.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen and Title 8, California Code of Regulations, section 9792.20 Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle Relaxants (for Pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity and muscle spasm related to multiple sclerosis and/or spinal cord injuries, as criteria necessary to support the medical necessity of Baclofen. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of pain in joints - shoulder region, cervicalgia, and lumbago. In addition, given documentation of ongoing treatment with opioids, there is documentation that Baclofen is used as a second line treatment. Furthermore, given documentation that Baclofen provided pain relief and enable the patient complete activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Baclofen use to date. However, there is no documentation of spasticity. In addition, given documentation of ongoing treatment with Baclofen, there is no documentation of short-term (up to two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request Baclofen 10mg #90 is not medically necessary.