

Case Number:	CM14-0205417		
Date Assigned:	12/17/2014	Date of Injury:	12/27/2010
Decision Date:	02/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 64 year old male with date of injury of 12/27/2010. A review of the medical records indicate that the patient is undergoing treatment for degenerative disc disease of the cervical and lumbar spine. Subjective complaints include continued pain in the neck and lower back with radiation in the upper and lower extremities. Objective findings include limited range of motion of the cervical and lumbar spine with tenderness to palpation of the paravertebrals and straight leg raise positive bilaterally; 5/3/2011 MRI of spine showing L4-L5 disogenic changes. Treatment has included Naprosyn, tramadol, and flexeril. The utilization review dated 12/1/2014 non-certified baclofen 10mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Baclofen 10mg #30 with 2 refills: Upheld

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

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

Decision rationale: Baclofen is classified as a muscle relaxant. MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute

exacerbations 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." Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)." The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. As such the request for Baclofen 10mg, #30 with 2 refills is not medically necessary.