

Case Number:	CM14-0207795		
Date Assigned:	01/26/2015	Date of Injury:	08/06/2008
Decision Date:	02/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 66-year-old man who sustained a work-related injury on August 6, 2008. Subsequently, he developed chronic neck, back, and lower extremities pain. Prior treatment included: physical therapy, medications, TENS unit, massage, exercise program, nerve blocks, biofeedback, psychotherapy, acupuncture, relaxation training, and chiropractic therapy. The patient described pain medication as having worsened his condition. According to a medical report dated September 10, 2014, the patient complained of low back, neck, right shoulder, and right knee pain. The patient rated the intensity of his pain as a 6/10. He noted that his pain is present 90% to 100% of the time. The quality of pain was described as aching, shooting, stabbing, and sharp. On examination, the was able to ambulate with a non antalgic gait. Neck range of motion revealed forward flexion at 40 degrees and an extension of 30 degrees. He had right and left side tilting at 10 degrees. His back range of motion revealed forward flexion of 90 degrees with pain on extension and extension of 30 degrees. Right and left side tilting was 10 degrees. On reflex testing, his reflexes revealed reflexes at bilateral ticeps and 2/4 reflexes at the biceps and brachioradialis. His lower extremity reflexes were 2/4 at the knees and at the ankles. His strength in the upper and lower extremities was 5/5 throughout. Log roll on the right and left sides were negative. FABER test on the right was nonrestricted with no pain. Straight leg raise on the right and left side was to 90 degrees without pain. The patient was diagnosed with status post electrocution with subsequent traumatic brain injury, burn to his right head, chronic right neck and scapular pain of myofascial and neuropathic nature, cervical facet disease status post

cervical ablation, myofascial low back pain, and chronic intractable pain syndrome. The provider request authorization for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 5mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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 request for Baclofen 5mg is not medically necessary.

Baclofen 10mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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 request for Baclofen 10mg is not medically necessary.