

<b>Case Number:</b>	CM14-0210108		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 50-year-old woman with a date of injury of 05/20/2013. A treating physician note dated 10/30/2014 identified the mechanism of injury as a fast deceleration while in a moving plan, resulting in back pain. This note indicated the worker was experiencing unspecified pain that improved with medications and sleep problems. Documented examinations consistently described loss of the normal lower back curve, decreased motion in the lower back joints, tenderness and tightness in the lower back, positive Gaenslen's testing, positive right facet loading testing, positive testing involving raising the straightened right leg, positive FABER and pelvic compression testing, tenderness in the in the hip and where the back meets the pelvis, and decreased sensation along the right L4 and L5 spinal nerve paths. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy, lumbar facet syndrome, lower back pain, hip bursitis, and dizziness. Treatment recommendations included medications, a home exercise program, TENS, consultation with a back surgical specialist, medications injected in the joint where the back meets the pelvis, electrodiagnostic testing, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 12/03/2014 recommending non-certification for ninety tablets of baclofen 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg QTY: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Weaning of Medications Page(s): 63-66; 124.

**Decision rationale:** Baclofen is in the antispastic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The Guidelines support the use of baclofen in the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy, lumbar facet syndrome, lower back pain, hip bursitis, and dizziness. There was no suggestion of a recent flare of lower back pain. The worker was treated with muscle relaxants long-term. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of baclofen 20mg is not medically necessary. While the Guidelines support the use of a wean when this medication no longer provides sufficient benefit, the risks significantly outweigh the benefits as described in the reviewed documentation, and an individualized wean should be able to be accomplished with the medication available to the worker.