

<b>Case Number:</b>	CM14-0052410		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/19/1996
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old male, who sustained an industrial injury on 8-19-96. Medical records indicate that the injured worker is undergoing treatment for an incisional left lower abdominal hernia, failed back surgery syndrome, chronic low back pain, lumbar radiculopathy and depression. The injured worker was noted to be permanent and stationary. On (3-28-14 and 2-28-14) the injured worker complained of low back pain and lower extremity pain worse on the right side. Associated symptoms include weakness, spasm, pressure, pins and needle sensation, numbness and burning. The pain was rated 7-8 out of 10 on a good day and 9-10 out of 10 on a bad day on the visual analogue scale. Examination of the lumbar spine revealed severe pain in the lower facet joint. Range of motion was limited due to pain. A straight leg raise test was positive bilaterally. Sensation was decreased to pinprick in the right lumbar four, lumbar five and sacral one dermatomes. Treatment and evaluation to date has included medications, drug panel, x-rays, MRI, epidural steroid injections, moist heat, home exercise program, lumbar fusion and three neck surgeries. Current medications include Oxycontin XR, Norco, Pantoprazole, Lunesta, MiraLax, Lidoderm, Celebrex, Baclofen (since at least November of 2013), Cymbalta, Ativan, Nortriptyline Hcl, Cyclobenzaprine, Lipitor, Diovan and a Spiriva inhaler. The current treatment request is for Baclofen 10 mg # 60 with one refill for the lumbar spine. The Utilization Review documentation dated 4-8-14 non-certified the request for Baclofen 10 mg # 60 with one refill for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed. wwwRxList.com; Official Disability Guidelines, www.online.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** California MTUS chronic pain treatment guidelines indicate anti-spasticity drugs are used to decrease spasticity in conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. Baclofen acts by blocking the pre-and post-synaptic receptors. It is recommended for the treatment of spasticity and muscle spasm secondary to multiple sclerosis and spinal cord injuries. It has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). In this case the documentation does not indicate any of these conditions. As such, the request for baclofen 10 mg #60 with 1 refill is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated.