

Case Number:	CM14-0091567		
Date Assigned:	07/25/2014	Date of Injury:	09/18/1991
Decision Date:	01/23/2015	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/17/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a 54 year old gentleman who sustained a work related injury on 9/18/1991. The mechanism of injury has not been provided. Per the Primary Treating Physician's Progress Report dated 4/08/2014, the injured worker reported constant, dull, occasionally sharp, low back pain with muscle spasms. He also reports joint pain and depression. There has been no change since the previous visit. Physical examination revealed pain and tenderness to the lumbar spine and left leg. His pain medications are needed to perform ADLs per the provider's report. Diagnoses included lumbar disc disease, depression and muscle spasm. The plan of care included referral to a pain specialist for evaluation, labs and medication management. Work status was to remain off work indefinitely. A progress report dated May 9, 2014 states that the patient continues to have low back pain and muscle spasm. His pain is 8-9/10 without pain meds and 4/10 with pain meds. The patient is able to do activities of daily living with his current medication. He takes Baclofen, Morphine, Nortriptyline, Neurontin, Naprosyn, and Testosterone. No side effects are reported from the use of his medications. Physical examination findings are not listed. Diagnoses include lumbar disc disease, depression, and muscle spasm. The treatment plan recommends continuing the patient's current medication regimen. On 5/21/2014, Utilization Review modified a prescription for Baclofen 10 mg, four times a day #240 based on lack of documented medical necessity. The Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg, four times a day # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. Finally, there is no indication that the medication is being used for the treatment of muscle spasm or spasticity related to multiple sclerosis or a spinal cord injury as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.