

Case Number:	CM15-0001749		
Date Assigned:	01/12/2015	Date of Injury:	05/16/2012
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female with a date of injury as 05/16/2012. The current diagnoses include neck pain, low back pain, and right shoulder pain. Previous treatments include medications and use of a cane . Physician's reports dated 12/24/2013 through 11/25/2014, MRI reports dated 01/09/2013 and 07/25/2013, and urine drug screenings dated 02/24/2014 and 05/14/2014 were included in the documentation submitted for review. Report dated 11/25/2014 noted that the injured worker presented with complaints that included ongoing neck pain, low back pain, and right shoulder pain. It was noted that the injured worker does well with her current medication regimen which allows her to continue to work full-time. Current medication regimen consists of Norco 10/325 and Norco 2.5/325, Relafen, Tramadol, Baclofen, Colace, and Amitriptyline. Physical examination revealed mild tenderness to the cervical and lumbar paraspinal muscles. The injured worker ambulates with a cane. Treatment plan included refilling of medications. Documentation submitted supports that the injured worker has been prescribed Baclofen since approximately 12/24/2013. The injured worker is working full-time with sedentary work restrictions. The utilization review performed on 12/17/2014 non-certified a prescription for Baclofen based on no documented muscle spasms in the subjective or objective portion of the report. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64, 113.

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

Decision rationale: The patient presents with neck, back, and shoulder pain. The current request is for Baclofen 10 mg. qty 120. The treating physician states that the patient continues to work full time and needs refill of all of her medications. The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the patient has been prescribed this medication since at least 06/18/14, or approximately six months. The current request does not meet the timeline requirements as stated in the guidelines for acute exacerbation and short term usage. This request is not medically necessary as the prescription is for long term usage.