

Case Number:	CM15-0002931		
Date Assigned:	01/13/2015	Date of Injury:	11/27/2001
Decision Date:	03/23/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 73-year-old female who reported an injury on 11/27/2001. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, sciatica, cervical postlaminectomy syndrome, neck pain, joint pain, lumbosacral radiculitis, depressive disorder, lumbar postlaminectomy syndrome, and long term drug therapy. The injured worker presented on 01/12/2015 with complaints of low back pain and activity limitation. Previous conservative treatment includes medication management, aquatic therapy, TENS therapy, and epidural steroid injections. Upon examination, there was tenderness of the trapezius bilaterally, tenderness of the bilateral levator scapulae, paraspinal muscle tenderness, 75% normal cervical range of motion, lumbar facet joint tenderness, SI joint tenderness bilaterally, iliolumbar tenderness, paraspinal muscle tenderness, decreased range of motion, diminished patellar reflex, and intact sensation. Recommendations at that time included continuation of the current medication regimen of baclofen 10 mg, Effexor XR 150 mg, and Norco 10/325 mg. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of spasticity or palpable muscle spasm upon examination. The guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.