

<b>Case Number:</b>	CM15-0004649		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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

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:

This 53 year old male sustained an industrial injury on 2/29/08. He subsequently reports low back pain with radiation to the right lower extremity. The injured worker has undergone radiological and nerve conduction studies. Diagnoses include spondylosis lumbosacral and lumbar disc displacement without myelopathy. Medications include Ambien, Pantoprazole, Cyclobenaprine, Naproxen Sodium, Prozac, Gabapentin, Glipizide, Metformin and Lidoderm patch. The UR decision dated 12/31/14 non-certified Baclofen tab 10 Mg one tablet by mouth per day #15 with no refills. The Baclofen tab 10 Mg one tablet by mouth per day #15 with no refills was denied based on lack of medical documentation supporting muscle spasms and CA MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen tab 10mg # 15:** Overturned

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

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

**Decision rationale:** The patient presents with pain and weakness in his lower back and right leg. The request is for BACLOFEN TAB 10MG #15. The patient is currently taking Protoproazole-protonix, Naproxen, Prozac, Hydrocodone-acetaminophen, Gabapentin, Lidoderm patch, Glipizide and Metformin Hcl. The patient has not tried Baclofen in the past. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The MTUS guidelines state this is for short-term use, and for acute exacerbations of chronic pain. In this case, the 11/13/14 physician's report states that the treater switches Cyclobenzaprine to Baclofen for muscle spasm because Cyclobenzaprine was not authorized. MTUS does support Baclofen as a second-line option for short-term treatment of acute exacerbations. The reports do indicate that the patient is acutely flared, and the prescription is for #15. The request IS medically necessary.