

Case Number:	CM15-0006898		
Date Assigned:	01/26/2015	Date of Injury:	02/19/1978
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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:

The injured worker is a 68 year old male, who has sustained continuous trauma injury. He has reported pain in the neck, right hand, right shoulder, and back. The diagnoses have included low back pain with radicular symptoms to lower extremities; and history of multiple lumbar spine surgeries, fusions, and removal of hardware. Treatment to date has included medications and surgical intervention. Medications have included Norco and Baclofen. A progress note from the treating physician, dated 04/02/2014, documented a follow-up visit with the injured worker. The injured worker reported unchanged neck and back pain; and weight gain secondary to pain. Objective findings included no changes from the previous examination. The treatment plan has included continuation and prescriptions for medications; dietary restrictions; and follow-up evaluation in ten weeks. On 12/15/2014 Utilization Review modified a prescription for 60 Baclofen 10 mg () to 46 Baclofen 10 mg (). The CA MTUS, Chronic Pain Medical Treatment Guidelines was cited. On 01/13/2015, the injured worker submitted an application for IMR for review of a prescription for 60 Baclofen 10 mg ().

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Baclofen 10 MG (): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Baclofen.

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

Decision rationale: The patient was injured on 02/19/78 and presents with pain in the neck, right hand, right shoulder, and back. The request is for 60 BACLOFEN 10 MG [REDACTED]. There is no RFA provided and the work status is unknown. The report with the request is not provided. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The patient's diagnoses include low back pain with radicular symptoms to lower extremities; and history of multiple lumbar spine surgeries, fusions, and removal of hardware. The 12/16/13 report states that the patient is taking Norco. There is not list of recent medications prior to this report. Based on guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. Review of the reports provided does not indicate if the patient is to use Baclofen on a short-term basis. The requested Baclofen IS NOT medically necessary.