

Case Number:	CM15-0007440		
Date Assigned:	01/22/2015	Date of Injury:	05/08/1998
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
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, 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 53-year-old female who reported an injury on 05/08/1998. The mechanism of injury was not provided. Her diagnoses include chronic pain syndrome and other affections of the shoulder region. Past treatments were noted to include medications. On 01/23/2015, it was noted the injured worker had spasms in her neck and back that were previously "well controlled" with baclofen. Upon physical examination, it was noted the patient had decreased range of motion to her shoulders. It was also indicated that she had tenderness to the cervical, spinal, and lumbar spine. Relevant medications were noted to include Tylenol with codeine and baclofen. The treatment plan was noted to include Tylenol with codeine, baclofen, and referral to [REDACTED]. A request was received for decision for baclofen 10 mg quantity 480 for muscle spasming.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg Qty 480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

Decision rationale: According to the California MTUS Guidelines, baclofen is a muscle relaxant that is used to treat spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. The clinical documentation submitted for review indicated the injured worker had spasming in her neck and back that was previously controlled with baclofen; however, there was no documentation noting previous functional improvement and relief from the use of baclofen to warrant the use of it. Consequently, the request is not supported. Additionally, the request does not specify duration or frequency of use. As such, the request for baclofen 10 mg quantity 480 is not medically necessary.