

<b>Case Number:</b>	CM15-0007457		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 40 year old female who sustained an industrial injury on July 10, 2007. She has reported lower back pain and has been diagnosed with lumbar radiculopathy, postlumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, low back pain, and dizziness and giddiness. Treatment has included injections, surgery, physical therapy, acupuncture, and a TENS unit. Currently the injured worker complains of her back flaring up a bit after having to wear a cast after fracturing her first MCP joint. The treatment plan included medication management. On December 8, 2014 Utilization Review non certified post operative baclofen 20 mg # 120 citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Baclofen 20 mg (maximum 4/day) qty: 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Specific anti-epilepsy drugs Page(s): 1.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative Baclofen 20 mg (maximum four tablets per day) #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar radiculopathy; post lumbar laminectomy syndrome; spinal/lumbar degenerative disc disease; low back pain; dizziness and giddiness. The documentation shows the injured worker was taking Baclofen as far back as June 27, 2014. November 20, 2014 note shows the injured worker is planning on having a spinal cord stimulator adjusted. Baclofen was still taken by the injured worker consistently through November 20, 2014. The documentation does not contain objective functional improvement to gauge baclofen's efficacy. Additionally, baclofen is a muscle relaxant indicated for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain in injured worker. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of baclofen in contravention of the recommended guidelines for short-term (less than two weeks) use, postoperative Baclofen 20 mg (maximum four tablets per day) #120 is not medically necessary.