

<b>Case Number:</b>	CM15-0008939		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/13/1986
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 13, 1986. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; trigger point injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve request for baclofen. The applicant's attorney subsequently appealed. In an October 27, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was seemingly using Cymbalta, Zanaflex, and baclofen as of this point in time. Multiple palpable tender points were noted about the lumbar paraspinal musculature. The applicant's work status was not clearly stated. The applicant did have ancillary complaints of depression and pain-induced insomnia. On December 8, 2014, Cymbalta, Remeron, baclofen, Norco, and Lyrica were endorsed. In an associated progress note dated December 8, 2014, the applicant was described as walking with the aid of a cane for portions of the evaluation. The applicant was no longer working. The applicant was only able to volunteer at his church one a week, it was suggested. Complaints of depression were evident. Multiple myofascial tender points were also present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Baclofen section; Page(s): 7.

**Decision rationale:** While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and muscle spasm associated with multiple sclerosis and spinal cord injuries but can be employed off label for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the applicant was/is off of work, despite ongoing usage of baclofen. Ongoing usage of baclofen has failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications, including opioid agents such as Norco and adjuvant medications such as Lyrica. The attending provider also suggested in October 2014 that the applicant was concurrently using two separate muscle relaxants, baclofen and Zanaflex. No clear or compelling rationale for provision of two separate muscle relaxants/antispasmodics was furnished here. All of the foregoing, furthermore, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.