

Case Number:	CM15-0100949		
Date Assigned:	06/03/2015	Date of Injury:	06/06/1996
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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, California

Certification(s)/Specialty: Family Practice

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 58-year-old man sustained an industrial injury on 6/6/1996. The mechanism of injury is not detailed. Diagnoses include degeneration of intervertebral disc (site unspecified), cervical post-laminectomy syndrome, and degeneration of lumbar intervertebral disc. Treatment has included oral and topical medications and surgical intervention. Physician notes dated 5/1/2015 show complaints of low back pain. The patient has had swelling in extremities, depression, anxiety, sleep disturbances and obesity and wide based gait. The patient has had history of leg spasm. Recommendations include Baclofen, Duragesic patches, Norco, Topamax, and follow up in one month. The medication list include Baclofen, Duragesic patches, Norco, Topamax and Cymbalta. The patient sustained the injury when he was moving boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS - Baclofen: Muscle relaxants (for pain) Baclofen (Lioresal, generic available): After a professional and thorough review of the documents, my analysis is that the above listed issue Page(s): 63-64.

Decision rationale: Request: Baclofen 10 MG #30. Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Per the doctor's note dated 07/23/14 physical examination of the low back revealed full strength, normal gait and sensation. The date of injury for this patient is 6/6/96. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Baclofen 10 MG #30 is not established for this patient. The request is not medically necessary.