

Case Number:	CM15-0101977		
Date Assigned:	06/04/2015	Date of Injury:	09/08/2008
Decision Date:	07/03/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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 54 year old female, who sustained an industrial injury on September 8, 2008. She reported right shoulder pain, right arm pain, right elbow pain, right wrist pain and pain radiating to the right side of the head after catching a piece of falling furniture while working as a caretaker. The injured worker was diagnosed as having psychophysiologic disorder, psychalgia, depressive disorder, carpal tunnel syndrome, shoulder joint pain, status post right shoulder surgery and chronic pain syndrome. Treatment to date has included diagnostic studies, right shoulder surgery, physical therapy, psychological care, medications and work restrictions. Currently, the injured worker complains of continued right upper extremity and head pain with associated paranoia, depression and stress. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on June 2, 2014, revealed continued pain as noted. Evaluation on November 5, 2014, revealed continued pain as noted with associated symptoms. She reported a rash below the bra line noted to be stress induced. She reported feelings of paranoia and was afraid to leave the home. She reported benefit with psychotherapy and noted continuing her home exercise plan and occasionally walking her dog. She noted improvement with psychotropic medications and pain medications however she reported difficulties with performing activities of daily living. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 64-65.

Decision rationale: Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury of 2008. The Baclofen 10mg #60 with 3 refills is not medically necessary and appropriate.