

Case Number:	CM15-0103518		
Date Assigned:	06/08/2015	Date of Injury:	01/03/2013
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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 47 year old male, who sustained an industrial injury on January 3, 2013. He reported the sudden onset of neck pain radiating down his spinal axis. The injured worker was diagnosed as having cervical spinal cord injury with right lower extremity spasticity, cervical myelopathy, and cervical disc disease. He was status post cervical spinal fusion. Diagnostic studies to date have included MRI, electrodiagnostic studies, x-rays, and urine drug screening. Treatment to date has included physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, a home exercise program, and medications including pain, muscle relaxant, antidepressant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 29, 2015, the injured worker complains of continued allodynia on the left side of his foot to the left flank. The [pain is described as constant, sharp, and burning. His pain is rated 8/10 without medication and 5/10 and is mostly tolerable with medication. He was seen in his wheelchair. The physical exam revealed continued frequent clonus of the right lower extremity. The treatment plan includes continuing the Baclofen for spasticity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

Decision rationale: The patient was injured on 01/03/13 and presents with allodynia on the left side of his foot to the left flank. The request is for Baclofen 20 MG #120. There is no RFA provided and the patient's current work status is not provided. He has been taking this medication as early as 01/28/15. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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 and pain and overall improvement. Also, there is no additional benefit shown in combination with the NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen." The patient is diagnosed with cervical region spinal cord injury, neuropathy of lower extremity, and degeneration of cervical intervertebral disc. He has frequent clonus of the right lower extremity. Based on the guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The current request is for 120 tablets of Baclofen 20 mg. There is no indication if this medication will be used on a short-term basis. Therefore, the requested Baclofen IS NOT medically necessary.