

Case Number:	CM15-0103725		
Date Assigned:	06/08/2015	Date of Injury:	08/12/2005
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
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: New Jersey

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:

The injured worker is a 55 year old female, who sustained an industrial injury on 8/12/05. The injured worker was diagnosed as having degenerative disc disease, peripheral neuropathy and cervical radiculopathy/neuritis. Treatment to date has included cervical fusion at C4-5 and C5-6, oral medications including Soma and Baclofen, physical therapy and activity restrictions. Currently, the injured worker complains of neck pain with moderate numbness in both arms. The pain in her neck is increasing. She is currently not working and considered permanent and stationary. Physical exam noted restricted range of motion due to cervical spine fusion and there are no appreciable degenerative changes of the adjacent levels when compared to prior x-rays. The treatment noted Baclofen appears to be working for her. A request for authorization was submitted for Baclofen 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was brief and vague record of the worker having been using baclofen regularly for her chronic pain. However, the request for ongoing use of this medication was not sufficiently justified via documented evidence of benefit. It was stated that it was "working for her", however, there would need to be specific reports of pain level reduction and functional gains directly related to its use to help justify its continuation. Regardless, however, this drug class is not recommended for regular chronic use as was implied with the request as there was no evidence of a recent acute flare-up, and there was previous use. Therefore, the request for ongoing baclofen will be considered medically unnecessary.