

<b>Case Number:</b>	CM15-0103867		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/07/2002
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2015

### 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 60-year-old female, who sustained an industrial injury on 02/07/2002. On provider visit dated 03/19/2015 the injured worker has reported persistent neck and bilateral shoulder pain, which was noted as 10/10/ in severity without medication and 6/10 with medication. Low back pain was noted to that radiated to the bilateral lower extremities. Neck was noted to have tingling and numbness in bilateral upper extremities. Low back pain was noted to have burning and stabbing type pain associated with spasm in the lumbar region that radiates to left leg in the mid-calf. On examination of the lumbar spine paraspinal muscle spasm and stiffness was noted. Tenderness in the lumbar facet joints bilaterally. Range of motion was decreased with associated pain noted. Gait was noted as stiff and antalgic. Spasms in the cervical paraspinal muscle and stiffness in the cervical spine. Tenderness noted in the bilateral acromioclavicular and glen humeral joint. Range of motion was noted as increased pain at bilateral shoulders. The diagnoses have included low back pain, lumbar facet pain and possibility of lumbar radiculopathy. Treatment to date has included medications (Norco, MS Contin and Ambien CR) and home exercise program. The provider requested Baclofen 10mg quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg quantity 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 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 2002. The Baclofen 10mg quantity 30 is not medically necessary and appropriate.