

Case Number:	CM15-0105201		
Date Assigned:	06/09/2015	Date of Injury:	03/24/2008
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/01/2015

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, North Carolina
 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 61 year old male, who sustained an industrial injury on 3/24/08. Initial complaints were not reviewed. The injured worker was diagnosed as having sprains/strain of leg and knee; pain in the joint of lower leg; cervical syndrome; greater occipital neuralgia; adhesive capsulitis; lumbar radiculopathy. Treatment to date has included medications. Currently, the PR-2 notes dated 5/19/15 indicated the injured worker complains of mid back pain, right shoulder pain and right knee pain. He characterizes the pain as aching, burning, cramping, shooting, stabbing and tender with a pain scale of 3/10 with medications and it was worse over the past week of 8/10. He report the pain varies day to day and especially with the change in the weather. He experiences increased muscle spasms in his mid-back but continues to take the medications as directed, which help control his pain. On physical examination, the provider notes the injured worker has an awkward gait, abnormal posture with left-sided bending of the low back. His thoracic spine range of motion notes flexion is limited by 40%, extension by 50%. There is mild tight band, severe spasm, mild hypertonicity and moderate tenderness along the bilateral thoracic paravertebral muscles. Provocative loading maneuvers are mildly positive over the bilateral T6- T7 facet and bilateral T7-T8 facet for axial T-spine pain. The right shoulder range of motion notes flexion at 110 degrees; extension 20 degrees; abduction 110 and adduction 20 degrees. Various impingement signs (Neer's, Hawkin's and O'Brien's tests) are moderately positive. There is moderate tenderness noted along the acromioclavicular (AC) joint and lateral edge of rotator cuff. The right knee range of motion is restricted with flexion limited to 125 degrees; extension limited to 5 degrees. The provider notes tenderness to palpation over the lateral joint line, medial joint line and patella. The McMurry's test is positive. The

provider's treatment plan includes the addition of Baclofen 10mg #90 for the injured workers muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as second-line options for short-term treatment. In most LBP cases, there is no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and there is the risk of dependency with prolonged use of these drugs. In this case, approval for Baclofen is requested. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. This patient does not have these conditions. There is no documentation in this case of relief of muscle spasm with the use of Baclofen. Therefore, the request is deemed not medically necessary or appropriate.