MAXIMUS Federal Services

Case Number:	CM15-0105854		
Date Assigned:	06/10/2015	Date of Injury:	02/09/2007
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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 was a 45 year old male, who sustained an industrial injury, February 9, 2007. The injured worker previously received the following treatments Exalgo, Norco, Baclofen, Lyrica, Ambien and Ibuprofen, Lidoderm patches, Toradol intramuscular injections for pain and home exercise program. The injured worker was diagnosed with chronic pain syndrome, lumbar radiculopathy, numbness, lumbar postlaminectomy syndrome, lumbar degenerative disc disease, low back pain, insomnia, muscle pain. According to progress note of March 17, 2015, the injured workers chief complaint was low back pain and left leg pain. The pain was increased at this visit. The injured stated the medications were helpful. The injured worker was taking Exalgo, Norco, Baclofen, Lyrica, Ambien, Lidoderm patches and Ibuprofen. The pain was described as aching and stabbing. The pain was worse by prolonged standing, sitting, walking, lying down, bending and lifting. The injured worker rated the pain 10 out of 10 without medications and SCS and SCS and pain mediation 5 out of 10. The physical exam noted 5 out of 5 lower extremity strength. There was limited range of motion due to increased pain. The straight leg raises were positive on the left side. The treatment plan included a prescription for Baclofen and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lioresal (Baclofen) 10 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 97.

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 2007. The Lioresal (Baclofen) 10 mg #60 with 3 refills is not medically necessary and appropriate.