

Case Number:	CM15-0105996		
Date Assigned:	06/10/2015	Date of Injury:	05/10/2002
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 59-year-old male who sustained an industrial injury on 05/10/2002. Diagnoses include pain in limb, plantar fasciitis. Treatment to date has included medications, extracorporeal shockwave therapy, foot surgery, injections, orthotics, night splints, stretching, physical therapy and wheelchair. According to the progress notes dated 11/14/14 the IW reported cramping in the calves and feet; soreness at night. Progress notes dated 2/26/14 stated a previous MRI showed plantar fasciitis and enhancement of the lateral plantar nerve and digital first branch of the plantar nerve with associated varicosities throughout the interior aspect of the tarsal tunnel. The IW reported his bilateral foot pain gets worse throughout the day at work as he is on his feet. In the letter from the IW, he indicated Baclofen helps a great deal with his nighttime cramping pain. A request was made for one prescription of Baclofen 10mg #90 with 12 refills for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90 with 12 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10mg #90 with 12 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are pain in limb; coronary atherosclerosis; plaintiff fasciitis; essential hypertension; and dizzy spells. The request authorization is dated April 20, 2015. The medical records index states there is a progress note dated April 20, 2015. There is no progress note in the medical record on or about the date of the request for authorization. According to the November 14, 2014 progress note, the injured worker's current medications include baclofen, diazepam and Norco. The injured worker has plantar fasciitis and underwent a left plantar fasciotomy in 2011. Subjectively, the injured worker has cramping of the calves and feet. The treating provider's indication for baclofen is the cramping in the legs and feet. Baclofen is recommended for short-term treatment of acute exacerbations of back pain or an acute exacerbation of chronic low back pain. Baclofen is indicated for short-term (less than two week's treatment) treatment of an acute exacerbation of low back pain. The treating provider has prescribed baclofen as far back as November 14, 2014. This is the earliest progress note and not the start date for baclofen. The provider has exceeded the recommended guidelines for short-term use by continuing baclofen, at a minimum, in excess of five months. There is no documentation demonstrating objective functional improvement in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing baclofen, prescribed in excess of the recommended guidelines for short-term (less than two weeks), Baclofen 10mg #90 with 12 refills is not medically necessary.