

Case Number:	CM15-0108129		
Date Assigned:	06/12/2015	Date of Injury:	08/12/2005
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, California
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:

This 55-year-old man sustained an industrial injury on 8/12/2005. The mechanism of injury is not detailed. Evaluations include undated cervical spine x-rays. Diagnoses include cervical spine degenerative disc disease, peripheral neuropathy, and cervical radiculopathy with neuritis. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 1/20/2015 show complaints of cervical spine pain. Recommendations include Baclofen, ibuprofen, and follow up in six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60, per 1/20/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries.

Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain such as trigeminal neuralgia. In this case, the claimant had been on Soma previously and currently was given Baclofen for several months. The claimant did not have the above diagnoses. As a result, the request for continued and chronic use of Baclofen is not medically necessary.