

<b>Case Number:</b>	CM15-0109074		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	01/27/2001
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Emergency 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:

This 54-year-old male sustained an industrial injury to the neck and low back on 1/27/01. Recent treatment included medications and intrathecal pump. Documentation did not disclose recent magnetic resonance imaging results. In a PR-2 dated 5/11/15, the injured worker complained of neck and low back pain rated 9/10 on the visual analog scale with radiation to bilateral lower extremities. The injured worker reported that his pain was unchanged with medications. The injured worker reported that he tried Percocet last month but it did not relieve is pain. The injured worker reported that Baclofen provided significant relief of back spasms. The injured worker used two canes for ambulation. Current diagnoses included lumbar radiculopathy and reflex sympathetic dystrophy of bilateral lower extremities. The treatment plan included a trial of Morphine Sulfate IR and refilling Paxil and Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60:** 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 (for pain) Page(s): 63-64.

**Decision rationale:** As per MTUS Chronic pain guidelines, muscle relaxants should be used for short-term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Patient does not have a diagnosis that meets criteria for use. Patient also has been on Baclofen chronically. The number of tablets is not consistent with plan for weaning or short-term use. Baclofen is not medically necessary.

**MSIR 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** MS IR is morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has chronically been on Norco and was trialed on Percocet with chronic persistent pain. Patient is already on a dilaudid infusion pump. It is unclear from provider why provider is attempting oral morphine when patient is already on hydromorphone infusion and has failed other pain medications. Patient is also at high risk for overdose with history of sleep apnea and is on multiple opioids. Chronic opioid has failed to provide pain relief and has noted worsening side effects associated with chronic opioid use such with dental decay and low testosterone. Documentation fails to support trial for MS IR. Therefore, the request is not medically necessary.