

Case Number:	CM15-0131939		
Date Assigned:	07/20/2015	Date of Injury:	12/09/2008
Decision Date:	09/29/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old male, who sustained an industrial injury on December 9, 2008. He reported in the hands, wrists, right arm, lower back, and left leg pain. The injured worker was diagnosed as having lumbar pain, mild lumbar 4-lumbar 5 and lumbar 5-sacral 1 facet disease contributing to slight mass effect on the left lumbar 5 nerve root, acute chronic left lower extremity pain, and myofascial pain syndrome. Diagnostic studies to date have included: On November 20, 2014, an MRI revealed mild joint arthritis with annular disc bulging at lumbar 4-lumbar 5 and lumbar 5-sacral 1 causing mild lateral recess stenosis. There are no significant disc herniations or neural foraminal narrowing. The findings were stable as compared to the 2009 exam. Treatment to date has included chiropractic therapy, a functional restoration program, lumbar epidural steroid injections, and medications including opioid analgesic, anti-epilepsy, muscle relaxant, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: 2004. There were no noted comorbidities. Work status: permanent and stationary with permanent modifications. He last worked in 2009. On February 12, 2015, the injured worker complains of diffuse pain over the upper, mid, and low back, bilateral shoulders, and left lower limb. He takes Cymbalta for nerve and muscle pain. His medication decreases his pain by 30%. The physical exam revealed guarded movements, full strength and range of motion of the upper extremities, and mild tenderness over the upper, mid, and low back. There was a stable gait, normal patellar and Achilles reflexes, toned calves, and normal strength. The treatment plan includes continuing the Cymbalta. Requested treatments include: Baclofen 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120: Upheld

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

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.