

Case Number:	CM15-0133599		
Date Assigned:	08/06/2015	Date of Injury:	10/23/2013
Decision Date:	10/06/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania, Ohio, 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 (IW) is a 55 year old male who sustained an industrial injury on 10-23-2013. He reported pain in the back, neck, mid back and lower back after a chair hit him in the back. The injured worker was diagnosed as having; Back pain, Myofascial pain, Thoracic spine pain, Lumbar Degenerative Disc Disease without myelopathy, Cervical Degenerative Disc Disease, Lumbar radiculopathy, Sciatica, and Radiculitis. Treatment to date has included chiropractic care, x-rays, physical therapy, transforaminal epidural steroid injection bilateral (12-12-2-12 and 05- 082013) Facet injections (01-15-2010) and medications. Currently, the injured worker complains of muscle spasms in the cervical, thoracic and lumbar spine, right worse than left. On exam, the lumbar spine had severe tenderness to palpation at the left and the right sciatic notch. Straight leg test in the sitting position is positive bilaterally. Left and right facet load is negative. Current medications include Abilify, clonazepam, lorazepam, Prilosec, Cialis, and biscaldol, lansoprazole, Ativan and hydrocodone-acetaminophen. The treatment plan includes recommendation of a transforaminal lumbar epidural steroid bilateral at L4-5. Norco is continued, and he is asked to taper off his Ativan which will be replaced with Baclofen. A request for authorization was submitted for Baclofen 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS discusses Baclofen as recommended for central nervous system diagnoses including multiple sclerosis or spinal cord injury. MTUS does not recommend this medication for diagnoses not related to the central nervous system. The records do not provide an alternate rationale for this request. The request is not medically necessary.