

Case Number:	CM15-0135344		
Date Assigned:	07/23/2015	Date of Injury:	08/27/2007
Decision Date:	08/26/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 is a 35 year old female, who sustained an industrial injury on August 27, 2007, incurring head and upper extremity injuries after a motor vehicle accident. She was diagnosed with head trauma, shoulder strain and a radial nerve lesion. She underwent left arm surgery for nerve entrapment. Treatment included anti-inflammatory drugs, neuropathic medications, antidepressants, medical marijuana, sleep aides, antiemetic medications and pain medications. Currently, the injured worker complained of frequent headaches and pain in her arm and shoulder. She noted poor concentration and weakness, anxiety and depression. The injured worker complained of painful range of motion of the upper extremity. The treatment plan that was requested for authorization included a prescription for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60, no refill: 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 for pain Page(s): 63, 64.

Decision rationale: The patient presents on 08/05/15 with unrated pain and discomfort in the neck, head, bilateral shoulders, lower back, bilateral elbows, and associated headaches secondary to tension in the cervical spine. The patient's date of injury is 08/27/07. Patient is status post left arm surgery to relieve nerve entrapment at a date unspecified. The request is for BACLOFEN 10MG #60, NO REFILL. The RFA was not provided. Physical examination dated 08/05/15 reveals tenderness to palpation of the cervical paraspinal muscles from C2 through C6, left shoulder, and lumbar paraspinal muscles. The provider notes reduced range of motion in the cervical spine primarily on rotation, and decreased range of motion in the left shoulder upon internal rotation. A healed surgical scar and skin-graft site is noted on the right forearm, as well as diffuse swelling of the right hand and mild dysesthesia to light touch in the radial nerve distribution. The patient is currently prescribed Ondansetron, Buprenorphine, Lidoderm patches, Gabapentin, Baclofen, Nortriptyline, Vitamin B12, Tylenol, Ambien, and Cymbalta. Diagnostic imaging was not included. Patient is currently working. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In regard to the continuation of Baclofen for this patient's muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been receiving Baclofen since at least 04/16/15. Progress note dated 08/05/15 includes a lengthy discussion of the efficacy of this medication, providing specific functional improvements and a statement indicating that the denial of Baclofen will result in the consideration of more-invasive procedures and an increase in her other prescribed medications. MTUS guidelines do not support the use of muscle relaxants such as Baclofen long term, regardless of documented efficacy. The requested 60 tablets in addition to prior use, does not imply the intent to limit this medication to short term use. Therefore, the request is not medically necessary.