

Case Number:	CM15-0137663		
Date Assigned:	07/27/2015	Date of Injury:	04/27/2010
Decision Date:	09/23/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 54 year old female, who sustained an industrial injury on April 27, 2010. She reported low back pain from a twisting movement while lifting heavy luggage as an airline employee. The injured worker was diagnosed as having cervical neck pain, cervical facet joint dysfunction, cervical degenerative disc disease, and cervical radiculopathy. Treatments and evaluations to date have included lumbar spine fusion, cervical spine fusion, x-rays, MRIs, chiropractic treatments, electromyography (EMG)/nerve conduction velocity (NCV), TENS, physical therapy, and medication. Currently, the injured worker complains of neck pain radiating down the left arm with numbness and tingling, with spasms in her shoulders, worse at night, and low back pain with radiation down the left leg to the knee. The Treating Physician's report dated June 1, 2015, noted the orthopedic surgeon recommended a muscle relaxer to help relieve the spasms in the injured worker's shoulders. The injured worker was noted to have her left hip pain improved after undergoing a left hip trochanteric injection on March 24, 2015, currently rating her pain as 8/10 on the visual analog scale (VAS). The injured worker's current medications were listed as Dilaudid, Synthroid, Amitiza, Topamax, Cymbalta, Premarin, Dexilant, Chantix, Hydroxyzine, Zofran, and Melatonin. Physical examination was noted to show cervical paraspinal muscle tenderness, bilateral upper trapezius muscle tenderness, with cervical range of motion (ROM) limited primarily in flexion and extension, moderate tenderness in the right anterior shoulder with positive right shoulder impingement sign, and mild limitations in the right shoulder flexion and extension. The treatment plan was noted to include a Dilaudid refill, continued topical compound cream, a request for authorization for a TENS unit purchase,

and a trial of Baclofen as needed for muscle spasms. The June 22, 2015, orthopedic surgeon report noted the injured worker with spasms in the cervical spine with decreased range of motion (ROM) and tenderness to palpation of the lumbar spine, anterior right shoulder, and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg 1 PO QD #30: 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 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.