

Case Number:	CM15-0139283		
Date Assigned:	07/29/2015	Date of Injury:	07/26/2009
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female who sustained an industrial injury on 07/26/2009. Mechanism of injury occurred as a result of her job as a horse wrangler. Diagnoses include status post T12 compression fracture with chronic thoracic pain and upper lumbar pain, chronic bilateral lower extremity radicular symptoms of the left leg without any right leg symptoms, and migraine headaches-not work related. Treatment to date has included diagnostic studies, physical therapy, home exercises, electrostimulation, ultrasound, chiropractic sessions, and acupuncture. She is working in another profession. A physician progress note dated 05/18/2015 documents the injured worker complains of chronic upper and lower back pain. On examination, ante flexion of the trunk on the pelvis allows for 50 degrees of flexion. Extension is 5 degrees. Rotation to the left is 10 degrees, and right is 10 degrees. Lateral flexion to the left is 10 degrees, and to the right is 5 degrees. There is some parathoracic tenderness at T7 to T12-L1. There is no lower lumbar tenderness. The treatment plan includes Motrin. Treatment requested is for Baclofen 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Musclerelaxants (for pain) Page(s): 63.

Decision rationale: The IW is now 6 years status post a thoracic and lumbar spine injury, being treated chronically with the muscle relaxant Baclofen. According to CA MTUS regarding muscle relaxants, and Baclofen in specific: "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. 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and Baclofen. (Chou, 2004)". Based on the limited clinical efficacy with chronic long-term use, this medication is not medically necessary at this time.