

<b>Case Number:</b>	CM15-0141552		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46 year old female who sustained an industrial injury on 01-04-2011 as a result of falling face down. Treatment provided to date has included: right ankle surgery (2011); right shoulder surgery; physical therapy; injections; medications; and conservative therapies and care. Diagnostic tests performed include: electrodiagnostic testing of the lower extremities (2012) showing right superficial peroneal nerve axonopathy; CT scan of the right foot and ankle (2011) showing a large chronic osteochondral lesion involving the posterocentral aspect of the medial talar dome, early degenerative arthritic changes, and calcaneal spur at the Achilles insertion site; MRI of the lumbar spine (2011) showing multilevel disc bulging with mild facet arthrosis, mild to moderate neural foraminal narrowing and moderate disc desiccation; MRI of the cervical spine (2011) showing multilevel broad based disc protrusion mildly impressing the thecal sac resulting in mild neural foraminal narrowing; MRI of the right shoulder (2011) showing partial thickness tear of the supraspinatus tendon, curved (type II) acromion process which may predispose to rotator cuff impingement, and mild glenohumeral joint effusion; and MRI of the right ankle (2011) showing osteochondritis dissecans at the superomedial talar dome with non-displaced unattached bone fragment and mild effusion. Comorbidities included high cholesterol. There were no other dates of injury noted. On 06/11/2015, physician progress report noted complaints of ongoing pain in the right shoulder, right upper extremity, mid back, low back, right ankle and right foot. No pain rating or description of the pain was noted. Additional complaints included increased spasms in the right side of the low back and flare-up of right foot pain. Current medications include Neurontin, Mobic, Protonix, and Norco. Medications prescribed by other physicians include

pantoprazole, ranitidine, triamcinolone, Pristiq and Xanax. The physical exam revealed restricted range of motion with flexion and extension, spasms, tight muscle bands and tenderness was noted over the paraspinal musculature on both sides. The provider noted diagnoses of status post right ankle surgery, status post right knee surgery, status post right shoulder surgery, post traumatic plantar fasciitis, cervical sprain and strain, and degenerative disc disease at L3-4, L4-5 and L5-S1. Plan of care includes continuation of current medications with the addition of Baclofen. The injured worker's work status was permanent and stationary. The request for authorization and IMR (independent medical review) includes: baclofen 10mg #90 with 3 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

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

**Decision rationale:** Baclofen is classified as a muscle relaxant. MTUS 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 . . . 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." Additionally, MTUS states: "Baclofen (Lioresal, generic available): The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)" The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. The requested amount of Baclofen is in excess of guidelines recommendations. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. As such the request for Baclofen 10mg #90 with 3 refills is not medically necessary.