

<b>Case Number:</b>	CM15-0143070		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 41 year old male, who sustained an industrial injury on 12-20-10. He reported pain in the lumbar spine, cervical spine, left hip, left knee, and left wrist. The injured worker was diagnosed as having cervicgia and lumbago. Treatment to date has included C3-4 anterior fusion, C5-6 fusion, physical therapy, a home exercise program, and medication. Currently, the injured worker complains of cervical spine pain, numbness in bilateral hands, lumbar spine pain, left ankle pain, and lower extremity numbness. The treating physician requested authorization for Baclofen 10mg #120 with 3 refills and a hospital bed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 64-65.

**Decision rationale:** Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic 2010 injury. The Baclofen 10mg #120 with 3 refills is not medically necessary and appropriate.

**Hospital bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Low Back, Ortho Mattress, pages 459-460.

**Decision rationale:** MTUS/ACOEM Guidelines do not address hospital bed or orthopedic mattress. ODG does note hospital bed as part of hospitalization and inpatient stay. The Guidelines does not recommend specialized hospital bed/mattresses for spinal injuries. Mattress selection is subjective and depends on personal preference and individual factors. There is no report of low back condition in the absence of unstable spinal fractures or cauda equine syndrome. The patient is s/p cervical surgery without reported post-operative complications, extenuation circumstances, or co-morbidities to support for the request beyond guidelines criteria. Clinical exam has unchanged chronic neurological findings without history of spinal cord injury to support for hospital bed. Per Medicare criteria for hospital bed coverage, a hospital bed may be an option for consideration when the patient's condition require special fixed attachment not afforded on an ordinary bed or special mechanical positioning to prevent pressure sores or respiratory infections not applicable in this present case. Submitted reports have not addressed or demonstrated medical necessity to support for this hospital bed with comfortable mattress. The Hospital bed is not medically necessary and appropriate.