

Case Number:	CM15-0145331		
Date Assigned:	08/06/2015	Date of Injury:	12/09/2008
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male patient who sustained an industrial injury on 12-09-2008. He sustained the injury due to fall. His diagnoses included degenerative changes of lumbar 4-5 and lumbar 5-sacral 1 with radicular pain, left knee contusion with probable patellofemoral degenerative change, cervical strain and depression. Per the doctor's note dated 02-09-2015 he had complaints of pain in the lower back and left leg to the level of the ankle with numbness and tingling; pain into the right buttock and left knee; depression related to the injury. He rated the pain as 8 out of 10. Physical exam revealed tenderness to palpation from cervical 5 to thoracic 1 in the midline and over the trapezius musculature bilaterally, normal sensory examination and ambulated with a stiff-back gait. The medications list includes cymbalta, ibuprofen, omeprazole and baclofen. He has had lumbar spine MRI dated 11/20/2014. Prior treatment included chiropractic treatment, lumbar injections, functional restoration program and medications. The treatment request for 30 capsules of Cymbalta 60 mg was authorized. The treatment request for review is 120 Baclofen 10 mg-3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Baclofen 10mg, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, page 63.

Decision rationale: Baclofen is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. "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." The need for baclofen on a daily basis with lack of documented improvement in function was not fully established. According to the cited guidelines baclofen is recommended for short term therapy and not recommended for a longer period. Evidence of acute exacerbation was also not specified in the records provided. Response to a NSAID without a muscle relaxant was not specified in the records provided. The request for 120 Baclofen 10mg, 3 refills is not medically necessary or fully established for this patient at this juncture.