

<b>Case Number:</b>	CM15-0146970		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/01/2015
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Hawaii

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 54-year-old female, who sustained an industrial injury on 5-1-2015. She reported acute pain in the upper back, lower back, mid back, neck, bilateral shoulder and right knee from pulling wet sheets out of a dryer machine. Diagnoses include cervical sprain, thoracic sprain, bilateral knee sprain, bilateral shoulder sprain, thoracic degenerative disc disease, repetitive trauma to upper extremities, and rule out bilateral carpal tunnel syndrome. Treatments to date include ibuprofen, Baclofen, and physical therapy. Currently, she complained of ongoing pain in the upper, mid, low back, neck, bilateral shoulders and right knee. Pain was rated 9 out of 10 VAS. On 6-18-15, the physical examination documented tenderness in the cervical and thoracic muscles and in bilateral knees. The plan of care included a prescription for Baclofen 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The IW is a 54-y.o. woman who injured her cervical, thoracic, lumbar, bilateral shoulder and right knee when pulling wet sheets out of a dryer machine. She was been prescribed Ibuprofen, Baclofen and physical therapy. The last progress note states the IW complained of pain in her shoulders, neck, hands, back, and knee. She was prescribed Baclofen 10 mg q. HS. The CA MTUS section, under muscle relaxants, recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the IW was prescribed medication to be taken only at night for treatment of muscle spasm. She has been advised to not take Baclofen for more than 2-3 weeks. The medication is being prescribed as recommended by the CA MTUS. The medication is medically necessary.