

<b>Case Number:</b>	CM15-0147485		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	09/23/1999
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 66-year-old female, who sustained an industrial injury on September 23, 1999. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included aqua therapy, cortisone injections (bilateral shoulder), lumbar MRI, CT myelogram, x-rays, medications, surgery and toxicology screen. Currently, the injured worker complains of chronic ongoing low back pain with numbness and tingling to her bilateral lower extremities. The injured worker is currently diagnosed with lumbar degenerative disc disease, sciatica and lumbago. Her current work status was not included in the documentation. In a note, dated June 4, 2015, states the injured worker experienced relief from cortisone injections. The note also states the injured worker experiences approximately a 50% reduction in pain and muscle spasms from her medication regimen. The note further states the injured worker experiences improved ability to function. It also states the injured worker experienced a 40%-50% reduction in back spasms from Baclofen that lasts approximately five hours. The therapeutic response to aqua therapy and surgery was not included in the documentation. The medication, Baclofen 10mg #60 with 1 one refill is requested to help combat muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60 with 1 refill: Upheld**

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

**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 specific functional improvement from treatment of Baclofen being prescribed in terms of improved work status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic 1999 injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The Baclofen 10mg #60 with 1 refill is not medically necessary and appropriate.