

Case Number:	CM15-0148712		
Date Assigned:	08/12/2015	Date of Injury:	04/18/2004
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 61 year old male who reported an industrial injury on 4-18-2004. His diagnoses, and or impression, were noted to include: lumbago; and scar condition-fibrosis of the skin. No current imaging studies were noted. His treatments were noted to include: physical therapy; spinal cord stimulator trial; spinal surgery; lumbar scar injections - ineffective; medication management; and rest from work. The progress notes of 6-24-2015 reported a routine follow-up of his medications and for injections to the scar on his lower back. Objective findings were noted to include: decreased motor strength in "EHLs"; numbness on the left side; pain upon palpation over the lumbar scar and lumbar paraspinous muscles; and no change to his health since the previous visit. The physician's requests for treatments were noted to include the continuation of Baclofen, because the Baclofen with Trileptal helps his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is lumbago. Date of injury is April 18, 2004. Request for authorization is July 1, 2015. According to a June 24, 2015 progress note, the injured worker presents for follow-up of medications and evaluation of scar. Objectively, motor examination was grossly normal and it was tenderness palpation over the lumbar spine. Baclofen started November 30, 2010. Muscle relaxants are recommended for short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute back pain or acute exacerbation of chronic back pain. Additionally, baclofen was prescribed in excess of five years. This is clearly in excess of the recommended guidelines. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling facts to support the ongoing use of baclofen in excess of the recommended guidelines (short-term-less than two weeks), Baclofen 10mg #90 is not medically necessary.