

Case Number:	CM15-0160615		
Date Assigned:	08/27/2015	Date of Injury:	10/31/1994
Decision Date:	09/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina
 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 injured worker is a 56-year-old female who reported an industrial injury on 10-31-1994. Her diagnoses, and or impression, were noted to include: degeneration of the cervical inter-vertebral discs; reflex sympathetic dystrophy and pain complaints; chronic regional pain syndrome in all 4 extremities, following cervical neck fusion in 1998; post-cervical laminectomy syndrome; fibromyalgia; Sjorgren's syndrome; myalgia and myositis; carpal tunnel syndrome; optic migraines; trigeminal neuralgia; famial tremors; and map dot fingerprint syndrome. The history notes trans-ischemic attacks with a cerebral vascular accident in 2013, and diagnosis of a wheat allergy, following vomiting with migraine headaches, 20 years prior. No current imaging studies were noted. Her treatments were noted to include: surgery; neuro-surgery, neurology, chiropractic and physical therapy evaluations; pain management; cervical epidural steroid injections (10-2011 & 2-3-15), effective; trans-cutaneous electrical stimulation unit therapy; biofeedback; chiropractic treatments; heat therapy; traction; trigger point injections; interferential unit therapy; bed rest; traction; and daily exercise. The progress notes of 8-4-2015 reported continued, moderate bilateral neck pain accompanied by daily sub-occipital headaches and worsening functionality; weight loss; no change in sleep; and the request to change from Lyrica to Neurontin for her neuropathic pain. Objective findings were noted to include: no distress; diminished range-of-motion in all extremities; stiffly holding her head and neck; mild, bilateral sub-occipital tenderness; positive trigger points; restricted and painful spinal extension; and chronic poor balance with difficulty standing on toes. The physician's requests for treatments were noted to include three refills of Baclofen for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.