

<b>Case Number:</b>	CM15-0161020		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

This injured worker is a 49-year-old male who reported an industrial injury on 2-5-1999. His diagnoses, and or impression, were noted to include: failed back syndrome with chronic lumbar pain; lumbar radiculopathy; lumbago; thoracic-lumbosacral neuritis-radiculitis; post-lumbar laminectomy syndrome; lumbar inter-vertebral disc "D/O" with myelopathy; degenerative lumbosacral inter-vertebral disc disease; and profound left leg motor deficit-weakness. No current imaging studies were noted. His treatments were noted to include: diagnostic studies; a left knee brace, 7 years old and ill-fitting; psychiatric evaluation and treatment; post "IT" pump explanation on 10-8-2014; neurosurgical consultation; epidural steroid injections; medication management with toxicology studies; and a return to work. The progress notes of 2-27-2015 reported a follow-up visit for interventional pain and medication management of chronic, severe left leg, low back, and thoracic spine pain; worsening left lower extremity numbness, tingling and weakness; and that his pain is relieved some by medications. Objective findings were noted to include: no acute distress; tenderness, with spasms, to the bilateral lumbosacral area, with decreased range-of-motion, numbness, tingling and weakness in the lower extremities; tenderness in the bilateral sciatic notches; abnormal toe and heel walk; positive left straight leg raise; and decreased strength in the left lower extremity. The physician's requests for treatments were noted to include Baclofen as needed for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg, #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64.

**Decision rationale:** The current request is for Baclofen 20mg, #120 with 3 refills. Treatment history included diagnostic studies, left knee brace, psychiatric evaluation and treatment, neurosurgical consultation, epidural steroid injections, and medication. The patient has returned to work. MTUS pg 64, Muscle relaxants for pain Section states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks. Per report 2-27-2015, the patient presents with chronic, severe left leg, low back, and thoracic spine pain with worsening left lower extremity numbness, tingling and weakness. Objective findings noted tenderness, with spasms to the bilateral lumbosacral area, with decreased range-of-motion, numbness, tingling and weakness in the lower extremities. The treater has requested a refill of medications. The request for additional prescription of this medication would exceed guideline recommendations. Furthermore, the request for quantity 120 with 3 refills is excessive and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.