

Case Number:	CM15-0161889		
Date Assigned:	08/27/2015	Date of Injury:	04/22/2009
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
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: California

Certification(s)/Specialty: Emergency 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 46 year old female sustained an industrial injury to the neck and back on 4-22-09. Previous treatment included acupuncture, epidural steroid injections, trigger point injections, pain support group, transcutaneous electrical nerve stimulator unit, foam roller, exercise, home traction, massage and medications. Magnetic resonance imaging cervical spine showed central stenosis at C5-6 and moderate left neural foraminal stenosis at C6-7 with osteophyte spurring. The injured worker underwent bilateral C3-4 and C4-5 medial branch blocks on 6-26-15. In the most recent progress report submitted for review, a visit note dated 6-3-15, the injured worker complained of a one week history of increasing right upper extremity and neck pain with parasthesia and daily headaches, rated 6 out of 10 on the visual analog scale. The injured worker reported that her radicular symptoms had improved after epidural steroid injections on 8-16-13. The physician noted that the injured worker had new radicular pain in the left shoulder and upper extremity with left wrist parasthesia that had worsened over the last 3 months. Requests for cervical spine epidural steroid injections had been denied. Physical exam was remarkable for positive facet loading at bilateral C3-4 and C4-5, abnormal neck posture with flexion, restricted cervical spine range of motion, positive Spurling's maneuver, positive left Adson's maneuver and tenderness to palpation in the paraspinal musculature and trapezius with increased trapezius muscle tone. Current medications included Colace, Prilosec, Orphenadrine, Fenoprofen cream, Topamax, Norco, Geodon and Wellbutrin. Current diagnoses included chronic pain syndrome, brachial neuritis or radiculitis, other pain disorder related to psychological factors, cervicgia, other back symptoms and lumbar spondylosis without myelopathy. The treatment plan included

continuing pain support group, foam roller and transcutaneous electrical nerve stimulator unit, appealing denial of cervical spine epidural steroid injections and continuing Norco and Orphenadrine.

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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

Decision rationale: The requested Baclofen 10mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has new radicular pain in the left shoulder and upper extremity with left wrist paresthesia that had worsened over the last 3 months. Requests for cervical spine epidural steroid injections had been denied. Physical exam was remarkable for positive facet loading at bilateral C3-4 and C4-5, abnormal neck posture with flexion, restricted cervical spine range of motion, positive Spurling's maneuver, positive left Adson's maneuver and tenderness to palpation in the paraspinal musculature and trapezius with increased trapezius muscle tone. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg, #90 is not medically necessary.