

Case Number:	CM15-0169925		
Date Assigned:	09/10/2015	Date of Injury:	10/02/2013
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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:

The injured worker is a 51 year old male who sustained an industrial injury on 10-02-2013. Mechanism of injury was a slip and fall injuring his low back. Diagnoses include degenerative disc disease-L4-5, L5-S1, and chronic low back pain. He has comorbid diagnoses of gastroesophageal reflux disease, chronic obstructive pulmonary disease, hypertension, and a myocardial infarction. A physician progress note dated 07-09-2015 documents the injured worker complains of ongoing back pain, which he rates as 7 out of 10 with medications that is constant. He has spasms and episodic radicular dysesthesias down the left leg in the anteromedial leg down to the shin, which is aggravated by sitting. He has limited standing sitting and walking abilities. He recently had 2 epidural steroid injections which did not help. His current medications include Norco and Baclofen which do not relieve his pain. His breakthrough pain even with medications is 7 out of 10. He currently is unable to work. He has severe pain with lumbar range of motion. Straight leg raise is positive on the left. Surgery has been discussed because he has failed all other options. On 06-18-2015, he was seen in the Emergency Department because of severe low back pain with spasms and he was out of his home medications. He received prescriptions for Percocet and Baclofen. On 05-29-2015 a physician progress noted documented his pain is constant, severe and getting worse. He rates it as 7 out of ten with palpable paraspinal spasms and his pain radiates down the left posterolateral leg and has a straight leg raise that is positive on the left, causing radicular pain. An unofficial Magnetic Resonance Imaging of the lumbar spine revealed bulging disk at L4-L5 and L5-S1 with compression of nerve roots at both levels bilaterally, left worse than right. He has been on

Baclofen since at least 03-02-2015. Treatment to date has included diagnostic studies, medications, physical therapy, aquatic therapy, and epidural steroid injections. On 07-30-2015, the Utilization Review modified the requested treatment Baclofen 10mg, once every twelve hours quantity 60 to Baclofen 10mg 1 every 12 hours # 50 for the purposes of taper for discontinuation over the course of the next 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, once every twelve hours quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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.