MAXIMUS Federal Services

Case Number:	CM15-0181014		
Date Assigned:	09/22/2015	Date of Injury:	08/01/2010
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 53 year old male, who sustained an industrial injury on August 1, 2010. Medical records indicate that the injured worker is undergoing treatment for chronic cervicothoracic strain, bilateral shoulder impingement, left carpal tunnel syndrome, lumbar herniated nucleus pulposus, lumbar disc disease, repetitive of the bilateral upper extremities, pain in the joint of the foot-ankle and lumbago. The injured worker is working with modified duties. Current documentation dated August 7, 2015 notes that the injured worker reported increased back pain. No new problems were noted. Objective findings noted that the injured worker was ambulating slowly with a cane and had an antalgic gait. The area of pain remains the same. The injured worker has been stable on his medications. Subsequent documentation dated June 24, 2015 notes that the injured worker had low back pain which radiated to the left thigh. The injured worker was able to walk for about ten minutes and do limited household chores. The injured worker hands felt better. Examination of the lumbar spine revealed tenderness and a decreased range of motion. A straight leg raise test was positive on the left. Treatment and evaluation to date has included medications, x-rays, electrodiagnostic studies, physical therapy, right hand injections, MRI of the lumbar spine, psychotherapy, psychiatric treatment and a right carpal tunnel release (1998). Current medications include Tylenol #3, Neurontin, Baclofen (since June of 2015), Seroquel, Paxil, Tripletail, Lisinopril, Loratadine, Metformin, Prilosec, Amlodipine, Atorvastatin and Docusate. The treating physician's request for authorization dated August 24, 2015 includes a request for Baclofen 10 mg three times a day # 90. The Utilization Review documentation dated September 3, 2015 non-certified the request for Baclofen 10 mg

three times a day # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg by mouth 3 times daily, #90: 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): Muscle relaxants (for pain).

Decision rationale: The medical records provided for review do not support that there is muscle spasm for which baclofen is supported to treat. MTUS supports that It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007) As the medical records do not document the presence of muscle spasm or spasticity, the medical records do not support the use of baclofen congruent with MTUS. Therefore, the request is not medically necessary.