

<b>Case Number:</b>	CM15-0181168		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/21/1996
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, California  
 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 is a 70-year-old male patient, who sustained an industrial injury on 11-21-96. The diagnoses include lumbar spine radiculopathy, lumbar spondylosis, lumbosacral sprain or strain, fibromyalgia or myositis, and lumbar spine pain. Per the doctor's note dated 8/24/2015, he had complains of mid and lower back pain. Physical examination revealed moderate tenderness around the T8-10 areas, palpable twitch positive trigger points in the thoracic paraspinous muscles, lumbar pain with palpation at L3-S1 bilaterally with pain over the intervertebral spaces. The treating physician noted, "He is able to perform activities of daily living such as shopping, light work at church, hygiene, meal prep, and other self-care. Without the medications, he must lie down or sit most of the day and he is unable to shop, socialize, sleep, and at time is unable to shower without assistance." The medications list includes baclofen, nucynta and lidoderm patch. Treatment to date has included medications, radiofrequency lesioning of the lumbar spine, lumbar medial branch blocks and a spinal cord stimulator. On 8-25-15, the treating physician requested authorization for Baclofen 10mg #60. On 8-31-15, the request was non-certified; the utilization review physician noted, "The patient had been improving with his current treatment plan and there was no documentation of an acute flare up in symptoms."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Non-sedating muscle relaxants.

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

**Decision rationale:** Baclofen 10mg #60 Baclofen is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The need for baclofen on a daily basis with lack of documented improvement in function was not fully established. According to the cited guidelines, baclofen is recommended for short-term therapy and not recommended for a longer period. Evidence of acute exacerbation or muscle spasm is also not specified in the records provided. Response to a NSAID without a muscle relaxant is not specified in the records provided. The medical necessity of Baclofen 10mg #60 is not medically necessary for this patient at this juncture.