

Case Number:	CM15-0181347		
Date Assigned:	09/22/2015	Date of Injury:	09/28/2013
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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:

The injured worker (IW) is a 44 year old male who sustained an industrial injury on 09/28/2013. The injured worker was treated for Long term use of Medications not elsewhere classified, and Lumbar Disc displacement without Myelopathy. Treatment to date has included the medications of Gabapentin, Naproxen, Pantoprazole, Buprenorphine, Mirtazapine, Cyclobenzaprine (discontinued 08-25-2015), Atorvastatin, Enalapril, and Metformin. Baclofen and Escitalopram-Lexapro were new orders on 08-25-2015. In the provider notes of 08-10-2015, the worker is noted to be in his first week of a Functional Restoration program. He has complaint of lower back pain with some of the physical therapy exercises, but continues to engage in physical therapy on a daily basis. The pain in the lower back worsens with sitting greater than 15 minutes and standing for greater than 10 minutes. He reported radiation of pain into both lower extremities as well as the posterior aspect of the thighs and calves. On exam, there was tenderness to palpation over the lower lumbar paraspinal muscles with limited flexion secondary to guarding. There was evidence of mild lumbar muscle spasms. He ambulates without assistance with a slightly antalgic gait. The plan on 08-11 was for continuation of the functional restoration program and a short-term trial of cyclobenzaprine 7.5 mg was recommended. The cyclobenzaprine was discontinued on 08-25-2015 and Baclofen was ordered. A request for authorization was submitted for Baclofen 10mg, #90 (DOS: 08/25/2015) and Escitalopram-Lexapro 5mg, #30 (DOS: 08/25/2015). A utilization review decision 09-03-2015 certified the Escitalopram-Lexapro and non-certified the Baclofen. The patient sustained the injury when he was pushing a heavy container. The patient has had MRI of the lumbar spine in 2013, 2014 and 2015 that revealed discogenic problem. The patient had received an unspecified number of PT visits for this injury. Patient had received lumbar ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90 (DOS: 08/25/2015): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Muscle relaxants (for pain).

Decision rationale: Request: Baclofen 10mg, #90 (DOS: 08/25/2015) Baclofen (Lioresal, generic available): After a professional and thorough review of the documents, my analysis is that the above listed issue: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. 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. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The cyclobenzaprine was discontinued on 08-25-2015 and Baclofen was ordered. The detailed response to Cyclobenzaprine was not specified in the records specified. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 09/28/2013. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines, skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the request for Baclofen 10mg, #90 (DOS: 08/25/2015) is not medically necessary.