

<b>Case Number:</b>	CM15-0182577		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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 67 year old male with a date of injury of April 8, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine and lumbar spine disc bulges. Medical records dated May 1, 2015 indicate that the injured worker complains of ongoing neck pain, shoulder pain, back pain, knee pain with difficulty walking, and spasms in the right arm with twitching. A progress note dated July 10, 2015 notes that the injured worker has had "Relief of knee pain for a time" with acupuncture. Per the treating physician (May 27, 2015), the employee was considered permanent and stationary and was retired. The physical exam dated May 1, 2015 reveals use of a cane, and a slow gait. The progress note dated July 10, 2015 documented a physical examination that showed "No major change noted". Physical examination of the cervical and lumbar region on 5/21/15 revealed muscle spasm, tenderness on palpation, limited range of motion and normal sensation, strength and reflexes. Treatment has included acupuncture, magnetic resonance imaging of the cervical and lumbar spine, physical therapy, and medications (Percocet 10-325mg, Fentanyl 50mcg patches, Anaprox 550mg, Soma 350mg, and Ambien 5mg noted in March of 2015). The original utilization review (August 25, 2015) non-certified a request for Baclofen 10mg #100 with 2 refills. The patient had used a cane for this injury. The patient had received an unspecified number of acupuncture visits 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 #100 with 2 refills:** 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): Antiepilepsy drugs (AEDs), Muscle relaxants (for pain).

**Decision rationale:** Request: Baclofen 10mg #100 with 2 refills. 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 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 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 April 8, 2004. As the patient does not have any acute pain at this time, and 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. The patient's medication list includes Soma which is a muscle relaxant. A detailed response of Soma was not specified in the records specified. The rationale for adding another muscle relaxant was not specified in the records specified. Therefore the medical necessity of Baclofen 10mg #100 with 2 refills is not fully established for this patient.