

Case Number:	CM15-0183350		
Date Assigned:	09/24/2015	Date of Injury:	04/11/2005
Decision Date:	10/29/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/17/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 34 year old male, who sustained an industrial injury on 4-11-05. The injured worker is undergoing treatment for carpal tunnel syndrome, cubital tunnel syndrome, thoracic outlet syndrome, cervical, thoracic, and lumbar strain-sprain and headaches. Medical records dated 9-8-15 indicate the injured worker complains of constant back pain radiating to upper extremities. Pain is rated 6 out of 10 and described as "stabbing, burning, electric, pressure, splitting, throbbing, stinging, cramping, tingling, aching, pins and needles and sharp." There is numbness and tingling in the upper extremities. He reports 65% reduction in pain with current medications. The physician indicates he "continues to have severe frequent muscle spasms in the cervical and periscapular regions." Physical exam dated 9-8-15 notes "affect euthymic, lower extremity edema, weakness in an arm-leg and numbness." Treatment to date has included carpal tunnel release, right ulnar nerve decompression, therapy, cognitive behavioral therapy (CBT), and medication. The original utilization review dated 9-15-15 indicates the request for Norco 10-325mg #120, Neurontin 600mg #180 is certified, and Baclofen 20mg #150 is modified to Baclofen 20mg #32 noting need for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #150: 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 requested Baclofen 20mg #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant back pain radiating to upper extremities. Pain is rated 6 out of 10 and described as "stabbing, burning, electric, pressure, splitting, throbbing, stinging, cramping, tingling, aching, pins and needles and sharp." There is numbness and tingling in the upper extremities. He reports 65% reduction in pain with current medications. The physician indicates he "continues to have severe frequent muscle spasms in the cervical and periscapular regions." The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 20mg #150 is not medically necessary.