

Case Number:	CM15-0187155		
Date Assigned:	09/29/2015	Date of Injury:	09/04/2011
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/23/2015

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 52 year old female, who sustained an industrial injury on 09-04-2011. She has reported injury to the low back. The diagnoses have included lumbar myofascial pain; lumbar facet pain; sacroiliac joint, piriformis muscle, and greater trochanteric bursa pain; and sacroiliitis. Treatment to date has included medications, diagnostics, walker, wheelchair, injections, lumbar medial branch blocks, physical therapy, home exercise program, and radiofrequency procedure. Medications have included Dilaudid and Baclofen. A progress report from the treating physician, dated 06-23-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain, some buttock and hip pain, somewhat more on the right than on the left; she complains of significant spasms in her right lower back; she had a radiofrequency procedure several months ago, which seems to have been giving her at least partial relief; she is taking Hydromorphone and Baclofen; she feels that these do provide significant pain relief to her; when she has tried to wean herself down by 10%, her function drops and she is unable to get out of bed; and both of these medications seem to be necessary. Objective findings included she is unable to stand up straight and continues with leaning to the left and twisting of her torso; her reflexes are 1+ at the knees and 0 at the ankles bilaterally; sensation is intact; and she has some tenderness over the sacroiliac joint, right greater than left. The treatment plan has included the request for Baclofen tablets 10mg, 30 day supply, quantity 240. The original utilization review, dated 08-20-2015, non-certified the request for Baclofen tablets 10mg, 30 day supply, quantity 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen tablets 10mg, 30 days supply, quantity 240: 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 tablets 10mg, 30 days supply, quantity 240, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 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 low back pain, some buttock and hip pain, somewhat more on the right than on the left; she complains of significant spasms in her right lower back; she had a radiofrequency procedure several months ago, which seems to have been giving her at least partial relief; she is taking Hydromorphone and Baclofen; she feels that these do provide significant pain relief to her; when she has tried to wean herself down by 10%, her function drops and she is unable to get out of bed; and both of these medications seem to be necessary. Objective findings included she is unable to stand up straight and continues with leaning to the left and twisting of her torso; her reflexes are 1+ at the knees and 0 at the ankles bilaterally; sensation is intact; and she has some tenderness over the sacroiliac joint, right greater than left. 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 tablets 10mg, 30 days supply, quantity 240 is not medically necessary.