

<b>Case Number:</b>	CM15-0187968		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: North Carolina

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 62-year-old female with a date of injury on 5-22-2003. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder pain and right sided- neck pain. According to the progress report dated 8-18-2015, the injured worker complained of persistent right upper extremity, right shoulder and neck pain. She reported that her symptoms were unchanged since the last visit. She rated her overall pain as 7 out of 10. She also complained of constant numbness in the right hand. Per the treating physician (7-22-2015), the injured worker was retired. The physical exam (6-24-2015) revealed tenderness to palpation of the cervical and paraspinal muscles. Objective findings on 8-18-2015 documented "no significant change." Treatment has included right C4, C5, C6 DMB diagnostic block (10-19-2012), and medications. The injured worker has been prescribed Baclofen since at least 2-4-2015. Current medications (8-19-2015) included Norco, Percocet, Baclofen, Zomig, Protonix and Cymbalta.) The request for authorization dated 8-28-2015 was for Norco, Percocet and Baclofen. The original Utilization Review (UR) (9-14-2015) denied a request for Baclofen.

### 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:** 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 California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. In addition, 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic neck and shoulder pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.