

Case Number:	CM15-0188144		
Date Assigned:	09/30/2015	Date of Injury:	09/06/2012
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 09-06-2012. He has reported subsequent low back pain and was diagnosed with low back pain, sacroilitis, facetar pain and lumbar degenerative disc disease. Treatment to date has included medication and physical therapy which were noted to help relieve pain and increase function. In a progress note dated 04-16-2015, the injured worker reported low back pain radiating to the right thigh and lower thoracic region that was rated as 7 out of 10. Objective examination findings showed tenderness and spasms of the lumbar paraspinal muscles, stiffness with motion of the spine, tenderness of the bilateral facetar joints increased on the right side and positive Patrick's test on the right. The injured worker requested prescription of Baclofen for muscle pain and spasms, which the injured worker noted had helped in the past. Baclofen was started that day. The next office visit note on 05-22-2015 showed that the injured worker reported continuing 7 out of 10 low back pain. The injured worker reported difficulty filling his medication and that Baclofen and Ibuprofen were not filled last month. In a progress note dated 08-28-2015, the injured worker reported 6 out of 10 low back pain. The physician noted that the injured worker was doing fairly well on medications, which were noted to help reduce pain and increase activity level. There was no indication as to the severity of pain both before and after the use of medication or duration of pain relief and no specifics were given regarding objective functional improvements seen with medication use. Objective examination findings continued to reveal tenderness and spasms of the lumbar paraspinal muscles, stiffness with motion of the spine, tenderness of the bilateral facetar joints increased on the right side and positive Patrick's test on

the right. Work status was documented as modified. A request for authorization of Baclofen 10 mg #30 was submitted. As per the 09-17-2015 utilization review, the request for Baclofen 10 mg #30 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30: 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 43 year old patient complains of pain in the lumbar spine, rated at 6/10, as per progress report dated 08/28/15. The request is for BACLOFEN 10mg #30. The RFA for this case is dated 09/11/15, and the patient's date of injury is 09/06/12. Diagnoses, as per progress report dated 08/28/15, included low back pain, sacroiliitis, facetal pain, and lumbar degenerative disc disease. Medications included Baclofen and Naproxen. As per progress report dated 07/16/15, the lower back pain radiates to bilateral gluteal region and right hip, and is associated with spasms. The patient is on modified duty, as per progress report dated 08/28/15. MTUS Chronic Pain Guidelines 2009, page 63 and Muscle Relaxants (for pain) section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. In this case, a prescription for Baclofen is first noted in progress report dated 04/16/15. In the report, the treater indicates the patient is requesting for Baclofen for "muscle pain and spasm which apparently had helped in the past." In progress report dated 08/28/15, the treater states "short-term use of anti-inflammatory and muscle relaxant is indicated." In report dated 07/16/15, the treater states current medications "are helping for pain." While Baclofen is part of a medication regimen that is helping the patient, MTUS guidelines do not support long-term use of such muscle relaxants. Additionally, Baclofen is one of the muscle relaxants with most limited published evidence in terms of clinical effectiveness. Hence, the request IS NOT medically necessary.