

<b>Case Number:</b>	CM15-0190085		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old male, who sustained an industrial injury on 4-26-12. He is diagnosed with cervicalgia. He is not currently working. Notes dated 8-27-15 - 9-1-15 reveals the injured worker presented with complaints of neck pain that radiates to the bilateral "occipital" area, right shoulder and right triceps described as sharp and aching and is rated at 7 out of 10. The pain is increased by neck movement and lifting relieved by rest. He also reports frequent headaches. Physical examinations dated 7-22-15 - 9-1-15 revealed numbness and tingling in his left arm at the C6 or C7 distribution. There is limited "rotation and lateral flexion" to the left side of his neck and tenderness in the left "trapezius" and back of his neck as well as pain with neck range of motion. Treatment to date has included medications Norco (some benefit 9-1-15), Gabapentin and Duloxetine (did not provide benefit 9-1-15), acupuncture (was not beneficial per note dated 9-1-15), Methadone (provided some improvement) and physical therapy (were not helpful per note dated 5-20-15). Diagnostic studies to date includes a cervical spine MRI, which revealed broad based central herniation at C4-C5 with moderate canal stenosis, small central protrusion with mild canal stenosis at C5-C6 and broad based right paramedian and foraminal herniation at C6-C7 moderate canal and right foraminal stenosis. A request for authorization dated 9-3-15 for Baclofen 10 mg #60 is non-certified, per Utilization Review letter dated 9-11-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Baclofen 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Muscle Relaxants 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of baclofen is not substantiated in the records. Therefore, the requested treatment is not medically necessary.