

Case Number:	CM15-0192436		
Date Assigned:	10/06/2015	Date of Injury:	09/06/2011
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old male, who sustained an industrial injury on 9-6-11. The injured worker was diagnosed as having cervicalgia; neck sprains-strains; carpal tunnel syndrome; spasm of muscle; ulnar nerve lesion; lumbago; thoracic lumbosacral neuritis-radiculitis. Treatment to date has included physical therapy; chiropractic therapy (x6); acupuncture therapy (x10); medications. Currently, the PR-2 notes dated 9-9-15 indicated the injured worker was in this office for a follow-up visit. He reports continued neck and low back pain. He notes that the lower extremity pain has been stable and he has not had much lower extremity pain. In regards to his neck, he notes that the pain radiates down his right upper extremity and goes into the 4th and 5th digits with numbness and tingling. The injured worker notes that Ultracet works really well for his pain. He is able to do more in terms of activities like gardening with use of medications. He notes that his pain would be severe without medications. The provider documents "He has trialed Ultram previously but it caused him upset stomach. He did trial baclofen and does not feel that it works as well as flexeril but it does not help with the spasms. He notes his pain is aggravated by sudden movements. He notes his pain is alleviated with use of TENS unit, medications. He notes that he is using TENS unit 4-5 times a week, he mainly used it in the evening when he is tense. In the morning, once he gets started he is doing well. He does not do anything strenuous as it aggravates his pain. He has a balance ball and uses it as needed in the morning to help stretch for a quick relief. He reports his pain as 6 out of 10 on a VAS pain scale today with medications. He notes that with medications his pain is tolerable. He notes that he does not take medications if he is not doing much activity. He is not working at

this time. He has retired since 6-1-15." The provider documents "Patient rates his pain as 6 out of 10 with zero being no pain and 10 being worst pain possible. Since his last visit his pain level has stayed the same. He states that medications are working well. There has been no tolerance to medications. Patient shows no evidence of developing medications dependency. No medication abuse is suspected. The patient states he is taking his medications as prescribed. He still has pain symptoms on a continuous basis, but they are alleviated by pain medications. He continues to have ongoing neck and low back pain." On physical examination; the provider documents range of motion is restricted with flexion limited to 30 degrees, extension limited to 15 degrees, right lateral bending limited to 15 degrees, left lateral bending limited to 15 degrees, lateral rotation to the left limited to 20 degrees and lateral rotation to the right limited to 20 degrees. Neck movements are painful with flexion beyond 20 degrees and extension beyond 15 degrees. On exam of paravertebral muscles, spasm and tenderness is noted on the right side. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. All upper limb reflexes are equal and symmetric. No spinal process tenderness is noted. Lumbar range of motion is restricted with flexion limited to 75 degrees and extension limited to 15 degrees. Neck movements are painful with flexion beyond 60 degrees, extension beyond 15 degrees. On examination of paravertebral muscles, spasm, tenderness and tight muscle band is noted on left side. All lower extremity reflexes are equal and symmetric. No spinal process tenderness is noted. Straight leg raising test is positive. Waddell's sign is negative. SLR is positive on left. The provider notes the injured worker has been compliant with medication use. He notes a signed opioid agreement in the chart and also CURES-PAR reports, yearly LFTs and random urine toxicology screens are performed to monitor compliance. The provider lists his medications as Ultracet 37.5-325mg #60 and baclofen 10mg 1 po qhs prn #20. His plan is to continue his medications but he notes Ultracet was approved for weaning but no it is being denied and gone for IMR review. He is unable to taper it down as it aggravates his pain but he will trial weaning. He notes the baclofen does help but is not as strong as flexeril. A Request for Authorization is dated 9-30-15. A Utilization Review letter is dated 9-17-15 and non-certification for Baclofen 10mg, #20 (1 at bedtime). A request for authorization has been received for Baclofen 10mg, #20 (1 at bedtime).

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #20 (1 at bedtime): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary-non-sedating muscle relaxants.

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

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm

related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen 10mg, #20 (1 at bedtime) is not medically necessary.