

<b>Case Number:</b>	CM15-0192538		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 4-1-11. She reported pain in the left knee and low back. The injured worker was diagnosed as having lumbalgia or lumbar intervertebral disc disease, lumbar sprain or strain, lumbar radiculitis, hip or thigh strain, and knee sprain or strain. Treatment to date has included lumbar surgery on 12-5-12, left knee surgery on 5-25-12, use of a cane, use of a back support, injections, a home exercise program, TENS, and medications including Flexeril, Tramadol, Topiramate, and Lidopro topical cream. Physical examination findings on 6-19-15 included lumbar spasms with range of motion and radicular pain to the left lower extremity with numbness. Left knee pain was noted to increase with range of motion. Tenderness to palpation was also noted in the lumbar spine and left knee. On 6-19-15, the injured worker complained of low back pain rated as 7 of 10 and left knee pain rated as 5-6 of 10. The treating physician requested authorization for Baclofen 10mg #30. On 8-28-15, the request 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, Section(s): Muscle relaxants (for pain).

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) page 63 of 127. This claimant was injured 4 years ago; there is mention of past long term use of other muscle relaxants such as Flexeril. The objective, functional benefit out of the medicine is not documented. The MTUS recommends 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. 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. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was appropriately non-certified under MTUS criteria. The request is not medically necessary.