

Case Number:	CM15-0193724		
Date Assigned:	10/07/2015	Date of Injury:	01/02/2003
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This is a 47 year old male with a date of injury on 1-2-03. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back and neck pain. Progress report dated 9-14-15 reports continued complaints of ongoing neck and back pain but overall getting better, stable on medications. He states he has some increased neck and low back spasms. He uses a cane to walk. He is taking norco and reports feelings of withdrawal about 4 hours after taking it. Will trial and start Baclofen for spasms. Treatment includes: medication, physical therapy, cervical fusion, lumbar fusion. Request for authorization was made for Baclofen 10 mg quantity 60. Utilization review dated 9-25-15 modified the request to certify quantity 30.

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, 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: Review indicates the request for Baclofen was modified for quantity of 30. Baclofen is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long- term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any specific functional improvement from treatment of Baclofen being prescribed in terms of improved functional or work status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic 2003 injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The Baclofen 10mg #60 is not medically necessary and appropriate.