

<b>Case Number:</b>	CM15-0194727		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/13/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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(n) 58 year old male, who sustained an industrial injury on 4-13-14. The injured worker was diagnosed as having L5-S1 fusion with residual pain, lumbar radiculopathy at L4 and L5, L4-L5 and L5-S1 facet arthropathy and sacroiliac joint arthropathy. Medical records (4-16-15 through 7-10-15) indicated 4-6 out of 10 pain in the lower back and temporarily totally disabled. The physical exam (4-16-15 through 7-10-15) revealed lumbosacral paravertebral muscle spasms bilaterally, flexion was 71 degrees and extension was 21 degrees. As of the PR2 dated 9-8-15, the injured worker reports lower back pain. He rates his pain 8-9 out of 10. Objective findings include lumbar flexion is 40 degrees, extension is 10 degrees and lateral bending is 15 degrees bilaterally. There is also a positive straight leg raise test and a positive sacroiliac joint compression test. Current medications include Tramadol and Baclofen (since at least 9-8-15). Treatment to date has included an L3-L5 fusion on 2-20-15 and post-op physical therapy x 12 sessions to the lower back. The treating physician requested Baclofen 10mg. The Utilization Review dated 9-25-15, non-certified the request for Baclofen 10mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg:** 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:** Per CA MTUS, Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain): "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain." In this case the patient does not have evidence of spasticity or muscle spasm related to multiple sclerosis or a spinal cord injury. Thus, the recommendation is not medically necessary.