

<b>Case Number:</b>	CM15-0194858		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	11/01/1989
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/18/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 26 year old male, who sustained an industrial injury on 11-1-1989. The injured worker is undergoing treatment for lumbar nerve root injury, arachnoiditis, and muscle spasm lumbar discogenic degeneration, epidural fibrosis, and debilitation, dry mouth secondary to narcotics, vascular status ulcers, reflex sympathetic dystrophy, and headache. On 8-12-15, he reported worsening back pain and is considering the implantable pump again. He also reported pain in the head and mouth and indicated his dentist told him there was no infection in the mouth. He indicated he was having trouble walking, and had tried to reduce his medication but his pain increased. He also indicated he was frequently unable to get out of bed, bath or prepare his own foot. The provider noted his activities of daily living were low due to pain, nerve injury and reflex sympathetic dystrophy. The provider indicated that the injured worker now needs 24-hour care. Physical examination revealed use of a cane for ambulation and at times a walker or motorized wheelchair, decreased reflexes, decreased lumbar spine range of motion, positive straight leg raise testing bilaterally, and hypersensitivity to pain to light touch, and status ulcers on both legs. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the cervical spine (4-28-15), urine toxicology (6-17-15). Medications have included: Baclofen, docusate sodium, oxycontin, Neurontin, vitamin b12, oxycodone, methadone, and fentora. The records indicate he has been utilizing Baclofen since at least March 2015, possibly longer. Current work status: not working. The request for authorization is for: baclofen 10mg quantity 120. The UR dated 9-18-2015: modified certification to Baclofen 10mg quantity 30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #120:** 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:** The claimant has a remote history of a work injury occurring in November 1989 when he struck his back on an iron scaffold. In March 2015, his pain had stabilized since a fall in a shower the month before. He had ongoing many severe pain problems. Medications included Valium and Baclofen. Prior muscle relaxants had included Flexeril. An MRI of the cervical spine in April 2015 included findings of multilevel foraminal narrowing and compromise without reported canal stenosis. When seen in August 2015 he was considering reimplantation of an opioid pump. A prior opioid pump had been implanted but was removed due to infection contamination from a dental infection. He has extensive epidural scar tissue. He was having severe head and mouth pain. He had tried reducing medications but had increased pain. Physical examination findings included presenting in a wheelchair. There was decreased and painful lumbar spine range of motion. He had unstable gait. Straight leg raising was positive bilaterally. He had lower extremity hypersensitivity. He had bilateral lower extremity stasis ulcers. There were findings consistent with a diagnosis of CRPS. His medications were refilled. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and Baclofen has been prescribed on a long-term basis. The claimant does not have evidence of spasticity due to an upper motor neuron condition. The request is not medically necessary.