

Case Number:	CM15-0197294		
Date Assigned:	10/12/2015	Date of Injury:	03/17/2009
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 66 year old male, who sustained an industrial injury on 03-17-2009. The injured worker was diagnosed as having cervical disc displacement without myelopathy, pain in joint of lower leg and chronic pain syndrome. On medical records dated 09-22-2015, the subjective complaints were noted as neck, lower back, left wrist, right wrist, left wrist, left knee, right knee, left hand and right pain. Pain was rated at 7 out of 10. Objective findings were noted as cervical spine range of motion was restricted. In addition, spinous process tenderness was noted. Treatments to date included surgical intervention, physical therapy, epidural injection, heat therapy, medication, and cold therapy. The injured worker was noted to be retired. Current medications were listed as Ampicillin, Metformin, Naproxen Sodium, Omeprazole, Prozac, Simvastatin, and Trazodone. The Utilization Review (UR) was dated 10-02-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Baclofen 10mg #30 per 09-22-2015 order was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30 per 09/22/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Guidelines recommend Baclofen for treatment of spasticity resulting from upper motor neuron disease such as multiple sclerosis and spinal cord injuries. In this case, there has been no diagnosis of a pain condition associated with spasticity for which Baclofen is being prescribed nor is there documentation of an accepted off label use which would support Baclofen use for this patient. The request for Baclofen 10 mg #30 is not medically necessary.