

<b>Case Number:</b>	CM15-0199191		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	06/06/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 60 year old female, who sustained an industrial injury on 6-6-15. The injured worker is being treated for traumatic head injury, right triquetrum fracture, right trapezius strain, left knee sprain, right shoulder sprain, left wrist sprain and right knee contusion. Treatment to date has included physical therapy, oral medications including Mobic and Baclofen (since at least 7-29-15); physical therapy, home exercise program and activity modifications. On 9-18-15, the injured worker complains of right and left knee pain, right wrist pain, left wrist pain and swelling and right shoulder pain (feeling pins on it); she notes the bilateral wrist pain bothers her most and Mobic reduces the pain. She rates all pain 8 out of 10. She is not working as there is no modified duty available. Physical exam performed on 9-18-15 revealed limited range of motion of right wrist with diffuse tenderness mainly at dorsum and ulnar aspect, left wrist swelling and tenderness of entire wrist and tenderness on ulnar aspect, right shoulder limited range of motion and tenderness on bicipital groove and infraspinatus, neck tenderness on right trapezius with spasms and diffuse tenderness of left and right knee along joint line without effusion. The treatment plan included request for continuation of Mobic 7.5mg and Baclofen 10mg. On 9-30-15 request for baclofen 10mg #30 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen (Licresal) 10mg 1/2 to 1 tablet orally, #30 for muscle spasms: 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:** In accordance with the California MTUS guidelines, Baclofen is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Baclofen is not medically necessary.