

<b>Case Number:</b>	CM15-0200485		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/26/2007
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: 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 is a 42 year old female who sustained an industrial injury on 10-26-2007. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lumbar back pain, chronic bilateral lower extremity radicular symptoms, chronic neuropathic pain of the lower extremities, major depressive disorder and sleep disturbance due to pain. According to the submitted progress report (8-18-2015), the injured worker complained of flaring up of her low back pain with burning pain on her left leg. She complained of back spasms. She was not able to straighten her left leg. She rated the level of disability for self-care as 7 out of 10 without medications and 1 out of 10 with medications. Objective findings (8-18-2015) revealed lower thoracic and lumbar tenderness and spasm. There was left greater than right sacroiliac tenderness and greater trochanteric tenderness. Treatment has included lumbar surgery, spinal cord stimulator and medications. Current medications (8-18-2015) included Gabapentin, Baclofen (since 4-2015) and Lidoderm patches. The request for authorization was dated 8-18-2015. The original Utilization Review (UR) (9-15-2015) denied a request for Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #120, 3 refills:** 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:** As per MTUS Chronic pain guidelines, muscle relaxants should be used for short term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Patient does not have a diagnosis that meets criteria for use. Patient also has been on Baclofen chronically. The number of tablets and refills is not consistent with plan for weaning or short term use. The number of requested tablets with refills is not appropriate and dangerous. Baclofen is not medically necessary.