

Case Number:	CM15-0203911		
Date Assigned:	10/20/2015	Date of Injury:	08/03/2010
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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 46-year-old female who sustained an industrial injury on 8-3-2010 and has been treated for disc herniation at L5-S1 and right lower extremity radiculopathy. On 9-17-2015 the injured worker reported ongoing mid and low back pain radiating down to the right knee, rated as 6 out of 10. Over the previous month she reported having muscle spasms, and pain levels ranged from 4 -9 out of 10. Changing positions had been problematic. Objective examination described guarded, slow movements, with limited lumbar range of motion. She was noted to have a "dyskinetic recovery" from a forward flexed posture, and tenderness of the lumbosacral junction. Documented treatment includes lumbar spinal cord stimulator, lumbar trigger point injections with temporary relief, and medications including Topamax, Trazodone, Amitriptyline, Lidocaine 5 percent patch, and Baclofen 10 mg tablets noted in the medical records since at least 7-2015. The treating physician's plan of care includes a request for authorization submitted 9-17-2015 for Baclofen #90 with 3 refills. The physician note states that a recent urine drug screen dated 6-25-2015 was "consistent," and documentation states that there are no aberrant drug behaviors, no negative side effects, and there is a copy of a pain contract dated 3-5-2015 provided. The Baclofen was denied on 9-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg tab 1-3 PO QHS #90 Refill 3: 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: 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 there is no evidence in the medical records from 9/17/15 of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There is no evidence of lancinating, paroxysmal neuropathic pain. There is no evidence that this is planned to be a short-term treatment of acute exacerbations in patients with chronic LBP. As this patient does not meet CA MTUS guidelines for the use of baclofen the recommendation is for non-certification. The request is not medically necessary.