

<b>Case Number:</b>	CM15-0205209		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/16/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who sustained a work-related injury on 9-16-09. Medical record documentation on 7-6-15 revealed the injured worker was being treated for moderate to severe degenerative disc disease with spondylosis of the cervical spine at C5-6, moderate degenerative disc disease and spondylosis at C6-7 and mild degenerative disc disease and spondylosis of C3-4 associated with probable stenosis. She reported constant severe neck pain with radiation of pain to the left shoulder associated with numbness and tingling. She reported constant moderate to severe pain in the left hip primarily in her groin and lateral side. She reported constant severe left knee pain. Previous treatment included physical therapy for the neck and left knee which provided no benefit and an injection in the lower back which was without benefit. Her medication regimen included Baclofen, Celebrex, Tylenol, Amlodipine, Hydrochlorothiazide, Fioricet, Norco, Imitrex, Soma and Zolpidem. Objective findings on 7-6-15 included a moderately left antalgic gait with noted stiffness. She exhibited a cervical spine range of motion of flexion to 45 degrees, extension to 30 degrees, bilateral rotation to 35 degrees and lateral bending to 15 degrees. She had very mild tenderness in the left paraspinal muscles and left trapezius muscle. The injured worker had a left hip range of motion of flexion to 90 degrees, extension to 0 degrees, external rotation to 15 degrees and internal rotation to 5 degrees. She had moderate to severe tenderness to palpation in the groin overlying the hip joint and moderate tenderness of the greater trochanter. A request for Baclofen 10 mg #90 was received on 10-7-15. On 10-14-15, the Utilization Review physician determined Baclofen 10 mg #90 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90:** 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:** This claimant was injured now six years ago. There is degenerative disease in the cervical spine. There is continued neck pain. There is tenderness on exam, but no overt, acute spasm. This is a request for Baclofen, a muscle relaxer. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was not medically necessary under MTUS criteria.