

Case Number:	CM15-0207363		
Date Assigned:	10/26/2015	Date of Injury:	09/14/2005
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on 9-14-05. The documentation on 8-20-15 noted that the injured worker has complaints of constant aching pain and tightness in her neck that radiates into the bilateral shoulder and trapezius muscles, greater on the left. The pain radiates down the left shoulder and down the left arm into the fingers. The injured worker continues to report pain and tightness between her shoulder blades, greater on the left and has intermittent numbness and tingling in her left hand in the 3rd, 4th and 5th digits. The injured worker rates her neck pain at 6 out of 10 on the pain scale. Computerized tomography (CT) scan of cervical spine on 4-12-13 revealed status post C6-C7 anterior cervical discectomy without apparent complication, anatomically aligned and no focal protrusions or stenosis. Left shoulder magnetic resonance imaging (MRI) on 2-6-15 previous surgery about the acromion and clavicle with extensive metallic artifact obscuring this region as well as the supraspinatus and biceps tendon and partial thickness tear in the infraspinatus, posteriorly with edema in the muscle. Arthrogram of left shoulder on 2-6-15 revealed intra-articular injection prior magnetic resonance imaging (MRI). The diagnoses have included cervical myofascial strain; thoracic myofascial strain; left medial epicondylitis and lumbar myofascial strain. Treatment to date has included home exercise program; physical therapy in 2011 for the neck without relief; chiropractic care with mild relief for her neck; 24 sessions of acupuncture with good relief; left shoulder surgery on 5-30-14; fusion at C6 and C7 in March 2008; trigger point injections in her upper back with 40 percent relief; norco; cymbalta and lidopro. Current medications were listed as naproxen sodium helps with "bad headaches"; acetaminophen with

tylenol; cymbalta; baclofen helps decrease her spasms and ambien. The original utilization review (10-13-15) modified the request for baclofen 10 mg quantity 120, by mouth every 6 hours for muscle spasms to baclofen 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg Qty 120, by mouth every 6 hours 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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (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." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.