

Case Number:	CM15-0207999		
Date Assigned:	10/26/2015	Date of Injury:	03/03/2014
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 27 year old male, who sustained an industrial injury on March 3, 2014, incurring low back injuries. He was diagnosed with lumbar degenerative disc disease, lumbar stenosis and lumbar radiculopathy. Treatment included Magnetic Resonance Imaging, pain medications, transcutaneous electrical stimulation unit, home exercise program, physical therapy, acupuncture, ice and heat therapy, muscle relaxants, neuropathic medications, anti-inflammatory drugs and work modifications. Currently, the injured worker complained of persistent low back pain radiating into the right lower extremity with numbness upon bending. He rated his pain 4 out of 10 on a pain scale from 0 to 10, increased with prolonged standing and activities of daily living. His pain worsened at night when sleeping. He developed symptoms of anxiety and depression secondary to his chronic low back pain. The treatment plan that was requested for authorization included a prescription for Baclofen 10 mg #55. On October 9, 2015, a request for a prescription for Baclofen was modified from a quantity of #55 to a quantity of #30 for one month by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen tab 10mg PO BID #55: 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: 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 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. 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.