

<b>Case Number:</b>	CM15-0209243		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/08/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Georgia

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 53-year-old, male who sustained a work related injury on 3-8-07. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 9-3-15 and 10-1-15, the injured worker reports low back pain radiating down left leg to foot. He has numbness and tingling in left leg. He rates his pain level an 8-9 out of 10. On physical exam dated 10-1-15, he has limited lumbar range of motion. He has a positive left leg raise. Treatments have included physical therapy-failed, acupuncture-failed, chiropractic treatments-failed, medications, a spinal cord stimulator, and lumbar spine surgery x 3. Current medications include Norco, Cymbalta, Baclofen, Neurontin and Voltaren gel. He has been using the Baclofen since at least 9-3-15. A notation seen in a progress note dated 12-22-14 states "he has failed trials of Baclofen and Robaxin." He is temporarily very disabled. The treatment plan includes requests for and EMG-NCV study of lower extremities and cognitive behavioral therapy. In the Utilization Review dated 10-8-15, the requested treatment of Baclofen 10mg. #90 is 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. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/baclofen.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Baclofen 10 mg #90 is not medically necessary. Per CAMTUS, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." 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. 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. 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 (trigeminal neuralgia, non-FDA approved). (ICSI, 2007) Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. Dosing: Oral: 5 mg three times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day. (See, 2008). There is lack of documentation of efficacy with medication; therefore, the requested medication is not medically necessary.