MAXIMUS Federal Services

Case Number:	CM15-0209261		
Date Assigned:	10/28/2015	Date of Injury:	03/08/2007
Decision Date:	12/11/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old male, who sustained an industrial injury on 3-8-07. Medical records indicate that the injured worker is undergoing treatment for failed back syndrome, left lumbar five radiculopathy and depression secondary to chronic pain. The injured worker is currently temporarily totally disabled. On (9-3-15) the injured worker complained of low back pain radiating down the left lower extremity to the level of the foot. The pain was rated 9 out of 10 on the visual analog scale. The injured worker noted that his medications allow some degree of comfort and without them his pain would be unbearable and he would have a significant decreased in functionality. Examination of the lumbar spine revealed moderate muscle spasms and a decreased range of motion. A straight leg raise test and slump test were positive on the left side. Sensation to light touch and pinprick was decreased in the lumbar five-sacral one distributions. Treatment and evaluation to date has included medications, spinal cord stimulator placement and three lumbar spine surgeries. Treatments and medications tried and failed include physical therapy, chiropractic treatments, Ibuprofen, Naproxen, Mobic, Elavil and a trial of Baclofen (1-22-14 progress note) and Robaxin. Current medications include Norco, Neurontin, Baclofen, Voltaren gel and Cymbalta. The current treatment request is for Baclofen 10mg #90. The Utilization Review documentation dated 10-8-15 non-certified the request for Baclofen 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, per 10/01/2015 order qty: 90.00: 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 is classified as a muscle relaxant. MTUS 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. 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." Additionally, MTUS states "Baclofen (Lioresal, generic available): 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)" The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. As such, the request for Baclofen 10mg, per 10/01/2015 order qty: 90.00 is not medically necessary.