

Case Number:	CM15-0021116		
Date Assigned:	03/27/2015	Date of Injury:	08/11/1999
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an industrial injury on 8/11/1999. Diagnoses include thoracic or lumbosacral neuritis or radiculitis, unspecified myalgia and myositis and insomnia. Treatment to date has included physical therapy, surgery, epidural steroid injections and medications. Per the Primary Treating Physician's Progress Report dated 12/30/2014, the injured worker reported pain in the lower back that radiates to the left shoulder and both legs. The average level of pain without medications is rated as 7/10. Pain is improved by medications and aggravated by cold. Physical examination revealed abnormal lumbar spine range of motion and pain. The Patrick test and Reverse Thomas test are positive on the left and right. There is tenderness to palpation over the lumbar facet joints. The plan of care included medications and an authorization was requested for Baclofen 10mg #90 and Meloxicam 15mg #30.

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 Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 08/11/1999 and presents with lower back pain, left shoulder pain, and pain in both legs. The request is for BACLOFEN 10 mg #90 for muscle spasms. The RFA is dated 01/07/2015 and the patient's work status is not known. It appears that this is the patient's initial trial of baclofen. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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 and pain and overall improvement. Also, there is no additional benefit shown in combination with the NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen." The patient is diagnosed with insomnia, myalgia and myositis, and thoracic or lumbosacral neuritis or radiculitis. The patient has a limited lumbar spine range of motion and a positive Patrick's test on both the right and left side. The 12/30/2014 report indicates that the patient is currently taking meloxicam, methocarbamol, unknown Mobic, unknown Robaxin, unknown trazodone, and unknown tramadol HCl. Based on the guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The current request is for 90 tablets of baclofen 10 mg. Review of the reports does not indicate if the patient is going to be using baclofen on a short-term basis. Therefore, the requested baclofen is not medically necessary.