

<b>Case Number:</b>	CM15-0021392		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	01/14/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old male, who sustained an industrial injury on 01/04/2002. The diagnoses have included L2-L3, L3-L4, L4-L5, and L5-S1 degenerative disc disease. Noted treatments to date have included massage therapy, physical therapy, chiropractic treatment, aquatic therapy, lumbar epidural injections, and medications. Diagnostics to date have included MRI of the lumbar spine on 01/29/2015 showed mild to moderate multilevel lumbar spondylosis most pronounced at L3-4, mild multilevel foraminal narrowing, and no central canal stenosis at any level. In a progress note dated 01/06/2015, the injured worker presented with complaints of continued pain in the lower back with pain radiating to his bilateral lower extremities. The treating physician reported the medications help to alleviate the pain. Utilization Review determination on 01/27/2015 non-certified the request for Baclofen 20mg #60 citing Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen  
Page(s): 65.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. According to patient file, the patient was not diagnosed with multiple sclerosis. Therefore, the request for BACLOFEN 20MG #60 is not medically necessary.