MAXIMUS Federal Services

Case Number:	CM15-0023704		
Date Assigned:	02/10/2015	Date of Injury:	10/23/2009
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
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 44 year old female who sustained an industrial injury on 10/23/2009. Current diagnoses include cervical spondylosis with multi-level posterior disc osteophyte complex and uncovertebral phytosis with mild effacement and mild neuroforaminal narrowing, low back and bilateral lower extremity weakness and pain, lumbar spine sprain/strain, bilateral knee sprain/strain with internal derangement, paroxymal neuropathic pain with muscle spasms and dystonia, and possible inflammatory/immune response. Previous treatments included medication management, selective nerve root blocks, psychotherapy, aquatic therapy, weight loss program, and revision lumbar fusion. Report dated 01/09/2015 noted that the injured worker presented with complaints that included low back and lower extremity pain, with increased weakness, electrical shocks in the right lower extremity with numbness and tingling, muscle spasms, abdominal pain, anxiety and depression. Physical examination was positive for abnormal findings. Utilization review performed on 01/19/2015 non-certified a prescription for Baclofen tab, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen Tab 20mg #90 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodic Drug Page(s): 63 and 64.

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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. (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." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries."As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which are the conditions for which Baclofen is recommended, the request is not medically necessary.