

<b>Case Number:</b>	CM15-0027300		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 was a 63 year old female, who sustained an industrial injury, August 1, 2001. According to progress note of September 16, 2014, the injured workers chief complaint was neck pain. The injured rated the pain at 7 out of 10; 0 being no pain and 10 being the worse pain left worse than the right. The physical exam noted rotation to the right 45-50 degrees and left 30-40 degrees, extension 40-45 degrees flexion 50-60 degrees. Sensory testing showed C4-C5 loss over the right shoulder. Motor showed minimal weakness on the left deltoid and biceps which was guarding from the shoulder arthropathy. The injured worker was diagnosed with status post C6-C7 corpectomy for a pseudoarthrosis and failed fusion, instability from previous surgery performed in 2010, C3-C4-C5 cord decompression/discectomy, prior C5-C6 fusion performed 1999 at outside facility, moderate to severe left shoulder arthropathy. The injured worker previously received the following treatments laboratory studies, pseudoarthrosis correction for fracture/dislocation of C6-C7 from a previous surgery at C6-C7 performed in 2010. The primary treating physician requested authorization for prescriptions for Fentanyl 12mcg/hour patches and Baclofen 20mg #120. On February 2, 2015, the Utilization Review denied authorization for prescriptions for Fentanyl 12mcg/hour patches and Baclofen 20mg #120. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 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, she was not diagnosed with multiple sclerosis. Therefore, the request for BACLOFEN 20MG #120 is not medically necessary.