

<b>Case Number:</b>	CM15-0028068		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	11/01/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 62-year-old female, with a reported date of injury of 11/01/2011. The diagnoses include low back pain, spasm of back muscles, kyphoscoliosis, severe scoliosis, degeneration of lumbar intervertebral disc, lumbar post-laminectomy syndrome, spinal stenosis of lumbar region, cervical post-laminectomy syndrome, hip pain, radicular pain, lumbosacral neuritis, and post-laminectomy failed back syndrome. Treatments have included physical therapy, an intrathecal pump, and oral pain medications. The medical report dated 12/15/2014 indicates that the injured worker had low back, bilateral buttock, and bilateral leg pain. She rated her pain 8 out of 10. The injured worker had difficulty with her activities of daily living. The physical examination showed tenderness of the bilateral trapezius and bilateral levator scapulae, painful range of motion of the cervical spine; tenderness to palpation of the bilateral lower paravertebral thoracic muscles; scoliosis; low of normal lumbar lordosis; tenderness of the bilateral lower facet joints and the bilateral greater trochanter; and tenderness of the iliolumbar region and the bilateral paraspinal muscles. The treating physician requested Baclofen 10mg for back spasms. On 01/14/2015, Utilization Review (UR) denied the request for Baclofen 10mg, noting that there was no medical necessity for the addition of baclofen without the discontinuation of Carisoprodol or meprobamate that was not documented. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**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 prescribed Carisoprodol and meprobamate and the use of Baclofen is not justified. Therefore, the request for Baclofen 10mg is not medically necessary.