

Case Number:	CM15-0028381		
Date Assigned:	02/20/2015	Date of Injury:	11/28/1995
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/15/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 48-year-old male, who sustained an industrial injury on November 28, 1995. The diagnoses have included cervical spinal stenosis, degeneration cervical disc, neck pain, and idiopathic scoliosis and kyphoscoliosis thoracic spine. Treatment to date has included epidural steroid injection (ESI), trigger point injections, and medications. Currently, the injured worker complains of neck and upper extremity pain, with pinprick sensation in the right upper trapezius area. The Treating Physician's report dated January 13, 2015, noted the injured worker having greater than 60% pain relief since the cervical epidural steroid injection (ESI) on October 28, 2014, and 75% pain relief from the right scapular trigger point injection on October 28, 2014. A 2000 MRI of the cervical spine was noted to reveal multilevel degenerative changes from C3 to C6, with prominent disc protrusion of approximately 3mm between C5 and C6 which was minimally abutting the cervical cord causing central canal stenosis. The medication list include Norco and Baclofen. The patient's surgical history includes inguinal hernia repair, tonsillectomy and ankle surgery. Per the doctor's note dated 1/13/15 patient had complaints of pain in neck and upper extremity. A physical examination revealed normal gait and tone. The patient has had trigger points and muscle spasm, pinprick sensation in right upper trapezius area. The patient sustained the injury when he was loading transmission.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen (Lioresal Tablets) 10 mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use and Weaning of Medications Muscle relaxants (for pain) Page(s): 124, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS- Baclofen: page 64Muscle relaxants (for pain)Page 63,64Baclofen (Lioresal, generic available).

Decision rationale: Request: Baclofen (Lioresal Tablets) 10 mg #90 with 5 refills. Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Patient had a chronic injury and any evidence of acute exacerbations of pain was not specified in the records provided. Per the doctor's note dated 01/13/15 physical examination of the low back revealed normal gait and tone. The date of injury for this patient is 11/28/95. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Baclofen (Lioresal Tablets) 10 mg #90 with 5 refills is not established for this patient.