

<b>Case Number:</b>	CM15-0028675		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	12/02/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, New York  
 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 42 year old female, who sustained an industrial injury on 12/02/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include chronic post-lumbar laminectomy syndrome, chronic lumbar/lumbosacral disc degeneration, and chronic lower back pain. Treatment to date has included magnetic resonance imaging of the lumbar spine, computed tomography of the lumbar spine, laboratory studies, and medication regimen. In a progress note dated 01/21/2015 the treating provider reports symptoms of low back and joint pain, along with extremity weakness, numbness, and neuropathy. The treating physician requested renewal of current medications which included Baclofen but the documentation did not indicate the specific reason for the requested medication. On 02/05/2015 Utilization Review non-certified the requested treatment Baclofen 20mg with a quantity of 120, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (for pain).

### 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 Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The request is not medically necessary. Baclofen is recommended to treat spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries and benefits those with lacinating, paroxysmal neuropathic pain. The patient has not been diagnosed with any of these medical conditions. Muscle relaxants show no benefit beyond NSAIDS in pain and overall improvement. Efficacy diminishes over time and may lead to dependence. Therefore, the request is considered not medically necessary.