

<b>Case Number:</b>	CM15-0216722		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: North Carolina

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 68 year old male who sustained an industrial injury December 18, 2006. Past history included cervical spine surgery, lumbosacral surgery, intrathecal pump implant August 5, 2010, and decompressive laminectomy, L1-2 with fusion August 13, 2015. Diagnoses are unspecified quadriplegia; cramp and spasm; other abnormal involuntary movements; lumbago; displacement of lumbar disc without myelopathy. According to a secondary treating physician's progress report dated October 7, 2015, the injured worker presented for pharmacological management, analysis and reprogramming of intrathecal pump and pump refill. He complains of spasticity in his legs requests an increase in his intrathecal Baclofen. He reported his brace stabilizes his back and that he is engaged in a lot of activity (unspecified type and duration). Current medication included Ambien, Baclofen 5mg half a tablet, Clonazepam, Lyrica, and Tizanidine (injured worker documented some pain medications self-procured but not specified). The physician documented that an operative report dated August 13, 2015 found an L1-L2 herniated nucleus pulposus with conus-spinal cord compression and cauda equina compression. Objective findings included; tender in the paravertebral muscles of the lumbar spine; ankle clonus left side; ambulates slowly with a walker; sensory is grossly intact in the lower extremities bilaterally. The injured worker underwent ultrasound pump refill in a seated position. Treatment included education regarding medication and to make an effort to procure oral medication from one physician, increased Baclofen. At issue, is the request for authorization for Baclofen (since at least July 2015) for intrathecal pump. According to utilization review

dated October 21, 2015, the request for Baclofen 250mcg-ml (3) units for (3) pump refill visits is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 250mcg/ml 3 units for 3 pump refill visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants 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. 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS except for chronic spasm associated with quadriplegia. The patient does have this diagnosis due to industrial incident and therefore the request is medically necessary.