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| <b>Case Number:</b>   | CM15-0217471 |                              |            |
| <b>Date Assigned:</b> | 11/09/2015   | <b>Date of Injury:</b>       | 04/17/2006 |
| <b>Decision Date:</b> | 12/21/2015   | <b>UR Denial Date:</b>       | 10/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/04/2015 |

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury, April 17, 2005. The injured worker was undergoing treatment for acromioclavicular separation, right shoulder strain with adhesive capsulitis, cervical strain, dyspepsia, TUFT fracture and right thumb deformity. According to progress note of September 29, 2015, the injured worker's chief complaint was shoulder cramps worse since Zanaflex was not covered. The pain was described as an ache. The pain was fair. The stomach was fair since Prevacid was stopped. The physical exam noted no tenderness of the shoulder or thumb. The range of motion of the shoulder was 120 degrees. The Zanaflex was stopped due to UR denial and changed to Baclofen. The injured worker previously received the following treatments Zanaflex, Etodolac and Prevacid. The RFA (request for authorization) dated September 29, 2015; the following treatments were requested a new prescription for Baclofen 10mg #30. The UR (utilization review board) denied certification on October 13, 2015; for the prescription for Baclofen 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case Zanaflex was previously used chronically which was not supported so the injured worker was prescribed Baclofen. Muscle relaxants are recommended for short term use only. The injured worker does not have any of the conditions in which baclofen would be indicated. Additionally, the side effects would only exacerbate the injured worker's current gastrointestinal complaints. The request for Baclofen 10mg #30 is determined to not be medically necessary.