

Case Number:	CM15-0031940		
Date Assigned:	02/25/2015	Date of Injury:	04/07/2011
Decision Date:	04/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28-year-old female sustained an industrial injury on 4/7/11. She subsequently reports ongoing low back pain. Diagnoses include resistant lumbar spine pain, lumbosacral strain and contusion, sacroilitis and spondylosis. Treatments to date have included physical therapy, chiropractic care, injections and prescription pain medications. The injured worker also has issues with anxiety and depression, which require psychiatric treatment. On 1/22/15, Utilization Review non-certified a request for Baclofen 10mg #60. The Baclofen 10mg # 60 was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 12/24/2014 report, this patient presents with "persistent lower back pain and lower thoracic pain and left intercostals pain." The current request is for Baclofen 10mg #60. The request for authorization is on 01/15/2015. The patient's work status is return to modified work until 01/31/2015 with limitations. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Baclofen #60 and this medication was first noted in the 07/11/2014 report. Baclofen is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.