

Case Number:	CM15-0032942		
Date Assigned:	02/26/2015	Date of Injury:	12/10/2002
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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:

The injured worker is a 51-year-old male, who sustained an industrial injury on December 10, 2002. The injured worker had reported low back pain. The diagnoses have included lumbago and lumbosacral intervertebral disc degeneration without myelopathy. Treatment to date has included pain medication and muscle relaxants. Most current documentation dated November 17, 2014 notes that the injured worker complained of continued low back pain rated at a six-seven out of ten on the Visual Analogue Scale with medications. The current medication regime allowed the injured worker to walk daily and improved his activities of daily living. No Physical examination was noted in the documentation. On February 3, 2015 Utilization Review non-certified a request for Baclofen 10 mg # 90. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The patient presents with pain and spasms in his lower back. The request is for BACLOFEN 10MG #90. The patient is currently taking MS Contin, Soma and Norco. The utilization review letter on 02/03/15 indicates that the treater switched Robaxin to Baclofen. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) 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." The MTUS guidelines state this is for short-term use, and for acute exacerbations of chronic pain. In this case, MTUS does support Baclofen as a second-line option for short-term treatment of acute exacerbations. The reports do indicate that the patient is acutely flared. However, the treater does not provide the medication's efficacy in terms of pain reduction and functional improvement. Furthermore, the current request for #90 does not indicate intended short-term use. The request IS medically necessary.