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| Case Number: | CM15-0033213 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 05/20/2013 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/17/2015 |
| 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 50-year-old female, who sustained an industrial injury on 5/20/2013, while employed as a flight attendant. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures. Currently, the injured worker complains of low backache. Pain was rated 3/10 with medications, and 10/10 without. Her activity level was reported as increased. Magnetic resonance imaging of the lumbar spine, performed 9/04/2013, was referenced as showing multi-level posterior bulging and herniated discs, with posterior annular tears, joint facet arthropathy at all levels, and the disc at L5-S1 touches both S1 nerve roots and impinged on the right exiting nerve root. Physical exam of the lumbar spine noted restricted range of motion, tenderness with palpation to the paravertebral muscles and tight muscle band on the right, positive Gaenslen's test, positive lumbar facet loading on the right, positive FABER, positive straight leg raise test on the right, and positive pelvic compression test. Tenderness was noted over the bilateral hips, Gaenslen's and FABER positive on the right. Decreased sensory exam over L4 and L5, on the right was noted. Medications included Norco, Lyrica, Baclofen (noting 75% relief of muscle spasms with use), Motrin, Colace, trial Lidoderm patch, and sample Flector patches. On 2/17/2015, Utilization Review non-certified a request for Baclofen 20mg #60, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: 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 Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There no clear evidence of acute exacerbation of spasticity in this case. Continuous use of Baclofen may reduce its efficacy and may cause dependence. According to patient file, he was not diagnosed with spinal cord injury or multiple sclerosis. Therefore, the request for BACLOFEN 20MG #60 is not medically necessary.