

Case Number:	CM15-0036714		
Date Assigned:	03/05/2015	Date of Injury:	10/02/2013
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: Arizona, California
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 51 year old male, who sustained an industrial injury on 10/2/13. He has reported back injury. The diagnoses have included lumbar radiculopathy. Treatment to date has included medications (Tylenol #4, Baclofen 10mg, Flexeril 10mg and Triazolam) and physical therapy. Currently, the injured worker complains of persistent, severe back pain as well as disabling radicular pain down the left posterolateral leg. Physical exam dated 1/7/15 noted limited flexion of the lumbar spine and left hip pain with straight leg raising. On 1/27/15 Utilization Review submitted a modified certification for Baclofen 10mg #50 for weaning purposes, noting muscle relaxants are not recommended for long term use. The MTUS, ACOEM Guidelines, was cited. On 2/26/15, the injured worker submitted an application for IMR for review of Baclofen 10mg #50 for weaning purposes.

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 Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen-antispasmodics weaning medications Page(s): 64, 123-124.

Decision rationale: It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). In this case, the claimant has been on Baclofen along with Tylenol 4 and Flexeril for several months. The claimant continues to describe disabling pain while on the medications indicating inadequate relief. In addition, the claimant does have the approved diagnosis for its use. In addition, a weaning protocol was not specified in terms of time and frequency. Continued use of Baclofen is not medically necessary.