

Case Number:	CM15-0039224		
Date Assigned:	03/09/2015	Date of Injury:	04/10/2007
Decision Date:	04/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania, Ohio, 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 45 year old woman sustained an industrial injury on 4/10/2007. The mechanism of injury is not detailed. The current diagnosis is lumbar strain, status post fusion. Treatment has included oral medications, arch supports, weight loss, and home exercise program. Physician notes on a PR-2 dated 2/18/2015 show pain to the low back and right leg. Recommendations include revision of anterior spinal instrumentation to L4-S1, laminoforaminotomy and resection of bony hypertosis right L5-S1, continue medications, prescribed Ultram, Baclofen, Tylenol, Clonidine, Levothyroxine, Estradiol, antifungal from PMD, psychiatry to maintain Gabapentin, Nortryptiline, Celexa, and Zyprexa, continue weight loss, arch supports, home exercise program, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg TID #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS supports Baclofen for treatment of spasticity and other central nervous system conditions. This patient's symptoms are attributable to muscular and/or radicular findings, which are not indications for Baclofen. This request is not medically necessary.