

<b>Case Number:</b>	CM15-0040666		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	08/23/1999
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 64 year old female injured worker suffered an industrial injury on 8/23/1999. The diagnoses were disorder of the nail, ingrown nail, acquired deformity of the ankle and foot and mononeuritis of lower limb. The treatments were debridement of all nails. The treating provider reported decreased sensation to both feet and thick and abnormal shape to the toe nails. The requested treatment was Baclofen 10mg 1-2 by mouth daily & 2 by mouth nightly #120 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg 1-2 po od & 2 po hs #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per the 02/26/15 report by [REDACTED] the patient presents for extremity pain/foot care/nail care and callous care. There is decreased sensation in the bilateral lower feet.

The patient's listed diagnoses include: Acquired deformity of the ankle and/or foot and mononeuritis of lower limb. The current request is for BACLOFEN 10MG 1-2 po od & 2 po hs #120 with 2 REFILLS. The RFA is not included. The 02/18/15 utilization review states the request was received 02/13/15. The report does not state if the patient is working. The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations 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." No reports are included for review by [REDACTED] the requesting provider. The 2 medical reports provided do not discuss this medication other than list it under medications. In this case, this medication is indicated for the short-term treatment of acute exacerbations, and the reports show the patient has been prescribed this medication on a long term basis since at least 12/08/14. Furthermore, the request of #120 with 2 Refills does not suggest short term use. The request IS NOT medically necessary.