

Case Number:	CM15-0042192		
Date Assigned:	03/12/2015	Date of Injury:	02/14/2000
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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 61 year old male, who sustained an industrial injury on February 14, 2000. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having pain in joint involving shoulder region, post lumbar laminectomy, and lumbar occupational therapy thoracic radiculopathy. Treatment to date has included neurotomy and medication. Currently, the injured worker complains of lower back pain, right leg pain, left hip pain, and midback and shoulder pain. The Primary Treating Physician's report dated February 16, 2015, noted the pain increased in the low back, possible from a motor vehicle accident in December 2014, but more likely from the weather change. The injured worker was noted to be self-weaning his oxycodone use, and withdrawing from his Duragesic patch. The injured worker was noted to not have benefit from the right L2-L3, servicing right L2, L3, and L3, L4 facet joint neurotomies on July 30, 2014, because of excess scar tissue. Current medications were listed as Oxycodone, Duragesic patch, Wellbutrin XL, Cymbalta, Lyrica, Clonidine, Hydrochlorothiazide, Diovan, Requip, Flomax, and Cialis. Lumbar spine examination was noted to show tenderness to palpation on right greater than left L3 and L4. The Physician noted a new prescription for Baclofen for back and leg spasms.

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 Baclofen (Lioresal, generic available).

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

Decision rationale: Based on the 2/16/15 progress report provided by the treating physician, this patient presents with increased low back pain rated 8/10 on VAS scale, improving right leg pain, and left hip pain, mid-back pain, and bilateral shoulder pain that is constant, shooting, and worse at night. The treater has asked for BACLOFEN 10MG #60 on 2/16/15. The patient's diagnoses per Request for Authorization form dated 2/17/15 are pain in joint involving shoulder region, post laminectomy lumbar, lumbar or thoracic radiculopathy. The patient is s/p L4-5 discectomy and fusion of unspecified date, and the 10/1/14 report states the primarily axial low back pain is above the level of his fusion. He did not have benefit from right L2-3 and L3-4 facet joint evaluation because of excess scar tissue per 2/16/15 report. The patient is currently taking Oxycodone, Lyrica, Gabapentin, Trazodone, Requip, Tizanidine. The patient's work status is not included but treater states: "he is not unrestricted with activity after [prostatectomy on 4/16/14]" per 1/19/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 for 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" Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has prior use of Zanaflex, benefit unspecified, and Flexeril which was discontinued. There is a concurrent request for Gabapentin in requesting progress report dated 2/16/15 which states: "neuropathy, sleep, opiate potentiating". The patient is also on Lyrica and has been since 10/29/14 report. The treater is requesting a "new RFA: Baclofen for back and leg spasms" on 2/16/15. However, MTUS guidelines recommends short-term use of muscle relaxants such as Baclofen for acute exacerbations in patients with chronic low back pain. The patient has chronic back pain, but the current reporting from 2/16/15 does not describe an acute exacerbation. The request for Baclofen is not in accordance with MTUS guidelines. The request for Baclofen 10mg #60 IS NOT medically necessary.