MAXIMUS Federal Services

Case Number:	CM15-0045792		
Date Assigned:	03/18/2015	Date of Injury:	09/13/2008
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 43 year old male, who sustained an industrial injury, September 13, 2008.The injured worker previously received the following treatments Ibuprofen, Baclofen, Tramadol, epidural steroid injection, status post revision decompressive laminectomy in July 2013 and physical therapy. The injured worker was diagnosed with lumbar degenerative disc disease and status post lumbar laminectomy for lumbar stenosis. According to progress note of December 29, 2014, the injured workers chief complaint was lower back pain, worse on the left. The pain was radiating down the left buttocks to the upper thigh and increasing since the last visit. The physical exam noted normal range of motion of the lumbar spine with tenderness in the midline and to the left. The straight leg testing was positive on the right and the left and supine positions on the left for leg pain. The treatment plan included renewal for prescription for Baclofen. A Utilization Review was rendered recommending non-certification for Baclofen 20mg # 60.

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) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterMuscle Relaxants.

Decision rationale: The CA MTUS and ODG guidelines recommend that muscle relaxants can be utilized for the short treatment of exacerbation of musculoskeletal pain when treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives medications. The records indicate that the patient had utilized Baclofen longer than the guidelines recommended maximum usage period of 4 to 6 weeks. The patient is utilizing opioids concurrently. The criteria for the use of Baclofen 20mg #60 was not met. Therefore, this request is not medically necessary.