

<b>Case Number:</b>	CM15-0047536		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 54 year old female, who sustained an industrial injury on December 8, 2009. The injured worker was diagnosed as having cervical disc degeneration, myalgia, chronic pain syndrome, lumbar radiculitis, lumbar discectomy with fusion, lumbar disc disease, intervertebral disc disorder, neck pain and back pain. Treatment and diagnostic studies to date have included physical therapy, electromyogram, nerve conduction study, x-ray and medication. A progress note dated February 6, 2015 provides the injured worker complains of back pain and right leg pain. She also has urinary problems and medication induced constipation. She reports her pain 7-8/10 with medication and 10/10 without medication. X-ray, electromyogram and nerve conduction study were reviewed. Physical exam notes lumbar tenderness with decreased range of motion (ROM). The plan includes continued medication, x-rays and urological consultation.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 2/15 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to baclofen to justify use. The medical necessity of baclofen is not substantiated in the records. The request is not medically necessary.