

Case Number:	CM15-0049661		
Date Assigned:	03/23/2015	Date of Injury:	11/09/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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, California
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 11/09/2010. She reported pain and burning in her neck while reaching out and moving heavy boxes. The injured worker was diagnosed as having chronic pain syndrome, headache, degeneration of cervical intervertebral disc, cervicalgia, and lateral epicondylitis of the elbow. Treatment to date has included magnetic resonance imaging of the cervical spine, bilateral shoulder magnetic resonance imaging, bilateral carpal tunnel release in 2013, cervical epidural steroid injections, anterior cervical discectomy and fusion on 1/08/2015, lumbar surgery in 2014, physical therapy and medications. Currently on 2/24/15, the injured worker complains of neck pain, rated 6/10. Current medications included Norco, Gabapentin, Cymbalta, Baclofen, Lisinopril, and Aspirin. Her body mass index was 45.63%. Visible tremors were noted to the right upper extremity (chronic). Mild tenderness was noted over both shoulder joints. Motor exam was normal and altered sensation was noted to touch at the outer right mid-arm, no spasticity, normal gait, and tenderness on palpation. The treatment plan included medication refills, including Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS- Baclofen: page 64Muscle relaxants (for pain)Page 63Baclofen (Lioresal, generic available): After a professional and thorough review of the documents, my analysis is that the above listed issue.

Decision rationale: Request: Baclofen 10mg #90. Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Physical examination of the low back revealed full strength and normal gait The date of injury for this patient is 11/9/2010. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Baclofen 10mg #90 is not established for this patient.