

<b>Case Number:</b>	CM15-0053509		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	07/26/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Emergency 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 48 year old female, who sustained an industrial injury on 07/26/2009. Treatment to date has included medications, acupuncture, physical therapy, pool therapy, chiropractic care. Diagnoses include status post T12 compression fracture with chronic thoracic pain and upper lumbar pain, chronic bilateral lower extremity radicular symptoms not active at this time and migraine headaches not work related. Currently, the injured worker complains of upper and lower back pain. On 02/27/2015, the provider noted that the injured worker had some severe back muscle spasms several days prior. Treatment plan included continue and Ibuprofen and start Baclofen 10mg by mouth every six hours as needed for muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90 with 3 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:** The requested Baclofen 10mg #90 with 3 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has some severe back muscle spasms several days prior. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg #90 with 3 refills is not medically necessary.