

<b>Case Number:</b>	CM15-0057036		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/09/1996
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 12/9/96. She reported neck pain and back pain that radiated to the bilateral upper and lower extremities. The injured worker was diagnosed as having cervical facet arthropathy, cervical radiculopathy, sacroiliac joint dysfunction, chronic low back pain, cervicgia, occipital neuralgia, and chronic pain. Treatment to date has included physical therapy and a home exercise program. Currently, the injured worker complains of back pain that radiates to bilateral upper and lower extremities. The treating physician requested authorization for Baclofen 20mg #60 with 2 refills. A physician's report noted the injured worker was able to continue to function with the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 20mg #60 with 2 refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are pain in thoracic spine, headache, occipital neuralgia, myofascial pain syndrome, lumbar radiculopathy, facet arthropathy lumbar and cervical, cervical radiculopathy, sacroiliac joint dysfunction, low back pain chronic, and cervicgia. The date of injury is December 9, 1996 (19 years prior). September 23, 2014 progress note shows the injured worker is taking to muscle relaxants. Injured worker is taking Baclofen 10mg 1 to 2 tablets as needed and Zanaflex 4 mg (no directions). There is no clinical indication or rationale for the use of two muscle relaxants taken concurrently. Additionally, muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation of chronic low back pain. The treating provider has clearly exceeded the recommended guidelines for short-term use. Baclofen was previously noncertified according to a UR #1062818. There is no documentation of muscle spasm on the March 5, 2015 progress note. There is no documentation containing objective functional improvement with ongoing baclofen. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks) taken concurrently with a second muscle relaxant (Zanaflex 4 mg) with no clinical indication or rationale, Baclofen 20mg #60 with 2 refills is not medically necessary.