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| <b>Case Number:</b>   | CM15-0080917 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 10/02/2014 |
| <b>Decision Date:</b> | 06/02/2015   | <b>UR Denial Date:</b>       | 04/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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 was a 43 year old female, who sustained an industrial injury, October 2, 2014. The injured worker previously received the following treatments Ibuprofen, Naproxen, Tramadol, Acetaminophen, physical therapy, home exercise program, chiropractor services, cold/hot pack, back support, lumbar spine X-ray and right elbow x-ray. The injured worker was diagnosed with chronic sprain/strain lumbar spine, right S1 joint dysfunction, discogenic low back pain and gluteal bursa bursitis. According to progress note of April 2, 2015, the injured workers chief complaint was pain in the right lower back and gluteal region. The pain was constant and was allodynia in the region. The pain was pulsating pain. The average pain without pain medication was 5-6 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as radiating down the right leg as a burning pain. The physical exam noted the injured worker was able to transfer and ambulate with a non-antalgic gait. The lower extremity strength was 4-5 out of 5 on the right. There was tenderness with palpation across the low back and in the right S1 joint. The treatment plan included a new prescription for Baclofen and an office visit.

### 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 Muscle Relaxants Page(s): 63.

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

**Decision rationale:** The requested Baclofen 10mg #90 is not medically necessary. The California 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 pain in the right lower back and gluteal region. The pain was constant and was allodynia in the region. The pain was pulsating pain. The average pain without pain medication was 5-6 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as radiating down the right leg as a burning pain. The physical exam noted the injured worker was able to transfer and ambulate with a non-antalgic gait. The lower extremity strength was 4-5 out of 5 on the right. There was tenderness with palpation across the low back and in the right S1 joint. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg #90 is not medically necessary.

**Addiction Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 127, 156 and Official Disability Guidelines, Pain Chapter, Office Visit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The requested addiction evaluation is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has pain in the right lower back and gluteal region. The pain was constant and was allodynia in the region. The pain was pulsating pain. The average pain without pain medication was 5-6 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as radiating down the right leg as a burning pain. The physical exam noted the injured worker was able to transfer and ambulate with a non-antalgic gait. The lower extremity strength was 4-5 out of 5 on the right. There was tenderness with palpation across the low back and in the right S1 joint. The treating physician has not documented sufficient detailed description of current addiction, nor previous attempts at weaning of medications. The criteria noted above not having been met, the requested addiction evaluation is not medically necessary.