

Case Number:	CM15-0080969		
Date Assigned:	05/28/2015	Date of Injury:	11/27/1998
Decision Date:	06/25/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	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, 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 53 year old female with an industrial injury dated 11/27/1998 resulting in low back injury. Her diagnoses included lumbago, lumbar degenerative disease, lumbar facet arthropathy, post laminectomy syndrome and sciatica. Prior treatments included two lumbar spine surgeries, pain management, medications and TENS unit. She presents on 03/18/2015 for follow up. She states she attempted to discontinue Celebrex however her pain increased and she became stiffer. She had been able to discontinue Tiagabine since being on Lyrica for her neuropathic pain. She states she tried to reduce her Oxycontin 40 mg three times daily and became very ill. She states her pain level at the visit was 7/10 with current medication regimen. She continued to stay active with household chores, activities of daily living, running errands, etc. with the use of her pain medications. Physical exam noted slow gait, unable to do toe and heel walking with decreased sensation of right side to pain and temperature. The injured worker states she is ready to try and wean down on her pain medications. Oxycontin was reduced from 40 mg three times daily to Oxycontin 30 mg three times daily. The request is for Baclofen 10 mg # 30 with 2 refills, Celebrex 200 mg # 30 with 2 refills and Oxycontin 30 mg # 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasticity Drugs - Baclofen (Lioresal, generic available).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #30 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 lumbago; lumbar DDD; lumbar facet arthropathy; post laminectomy syndrome; and sciatica. Documentation from an April 15, 2015 progress note shows the injured worker has failed treatment with Soma, Flexeril, Zanaflex, Skelaxin and Robaxin (almost relaxants). Objectively, there is no documentation of muscle spasm in the medical record. Baclofen is indicated for short-term (less than two weeks). Based on prior treatment with Soma, Flexeril, Zanaflex, Skelaxin and Robaxin the injured worker has been using muscle relaxants for an unspecified length of time. The utilization review states Baclofen was weaned in September 2014. There is no clinical rationale for the continued use of a muscle relaxant that was weaned in September 2014. There was no objective evidence of muscle spasm. Consequently, absent clinical documentation with objective evidence of muscle spasm, failed treatment with multiple muscle relaxants and no evidence of objective functional improvement, Baclofen 10 mg #30 with 2 refills is not medically necessary.