

Case Number:	CM15-0081920		
Date Assigned:	05/04/2015	Date of Injury:	12/04/2012
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/29/2015

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: Arizona, 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 42 year old female with an industrial injury dated 12/04/2012. The injured worker's diagnoses include status post right wrist triangular fibrocartilage complex (TFCC) repair and cervical trapezial strain. Treatment consisted of diagnostic studies, prescribed medications, work hardening program and periodic follow up visits. In a progress note dated 10/9/2014, the injured worker presented for a follow up status post right wrist scapholunate ligament and triangular fibrocartilage complex (TFCC) reconstruction. Objective findings revealed decrease right hand grip strength. The treating physician reported that the injured worker was improved although slower than expected and to continue with work hardening program. Several documents within the submitted medical records are difficult to decipher. The treating physician prescribed Baclofen tab 10mg #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Baclofen tab 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 67 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen
Page(s): 63-64.

Decision rationale: Muscle relaxants/Antispasmodics are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia. In this case, the claimant does not have the above diagnoses. The long-term use of Baclofen is not indicated and its use was not clearly defined not substantiated in the documentation provided . There was neck pain but not mention of back pain. The Balcofen is not medically necessary.