

Case Number:	CM15-0082084		
Date Assigned:	05/04/2015	Date of Injury:	03/15/2011
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 60 year old female, who sustained an industrial injury on 3/15/2011. She reported cumulative trauma from driving a company van. The injured worker was diagnosed as having lumbar radiculopathy. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, functional restoration program, lumbar epidural steroid injections, TENS (transcutaneous electrical nerve stimulation), cognitive behavior therapy and medication management. In a progress note dated 3/25/2015, the injured worker complains of low back pain. The treating physician is requesting Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg Take 1 twice a day PRN count #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: The medical records provided for review does not support that there is muscle spasm for which baclofen is supported to treat. MTUS supports that it 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 lacinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007). As such the medical records do not support the use of baclofen congruent with MTUS guidelines. The request is not medically necessary.