

Case Number:	CM15-0084134		
Date Assigned:	05/06/2015	Date of Injury:	03/14/2004
Decision Date:	06/04/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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: 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 33 year old female, who sustained an industrial injury on 03/14/2004. She reported significant back pain and stiffness that occurred when she felt a pop in her back while lifting boxes of ice cream weighing 30 pounds. Treatment to date has included medications, x-rays, MRI, back surgeries, spinal cord stimulator trial, medial branch blocks, epidural injections, facet joint injections, radiofrequency lesioning, electrodiagnostic testing and physical therapy. According to a progress report dated 04/07/2015, the injured worker complained of bilateral lower back pain that radiated down both buttocks and to the back of both legs or feet. Pain level was rated 6 on a scale of 0-10. Physical therapy did benefit her by decreasing her pain and educated her on home independent exercise. She used Ibuprofen occasionally for pain and Baclofen for muscle spasms. She reported that she would get very tight knots and tight muscle spasms in her lower back intermittently. She had used approximately 20 Baclofen tablets over the past 3months. She continued to work part-time. She was currently using Acyclovir for shingles. Her sleep pattern and functionality was the same. Current medications included Ibuprofen, Baclofen and Ativan. Diagnoses included postlaminectomy syndrome lumbar region, lumbosacral spondylosis without myelopathy, chronic pain syndrome, underweight, nondependent tobacco use disorder and lumbago. Currently under review is the request for Baclofen.

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.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, such as Baclofen, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Baclofen is being used as a long-term treatment strategy for this patient's chronic pain symptoms. As indicated in the above-cited guidelines, long-term use of muscle relaxants such as Baclofen is not recommended. For this reason, Baclofen is not medically necessary.