

<b>Case Number:</b>	CM14-0115857		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/21/1996
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 61-year-old with a reported date of injury of 08/21/1996. The patient has the diagnoses of chronic pain syndrome, cervical spondylosis without myelopathy, chronic post-traumatic headache, lumbar spondylosis without myelopathy and post laminectomy syndrome. Past treatment, modalities have included surgical intervention, epidural steroid injections, medial branch blocks, radiofrequency ablations, physical therapy, massage therapy, Botox injections, and chiropractic care. Per the most recent progress reports provided by the primary treating physician dated 07/01/2014, the patient had complaints of exacerbation of pain in the base of the neck, numbness in the lower arm, low back pain, and pain in the lower extremities. The physical exam noted decreased range of motion in the neck with tenderness to palpation and a positive Spurlings sign on the right. There was weakness noted in the right wrist and decreased fine sensation in the right hand. There was diffuse tenderness over the facet joints and right paravertebral muscles in the neck. Treatment plan recommendations included continuation of pain medications, home exercise program, and request for repeat radiofrequency lesioning on the right cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg, Qty: 90 for 30 Days, Refills: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: 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. In addition, 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.

**Baclofen (Lioresal generic available):** The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. 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 lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). The long-term use of this medication is not recommended per the California MTUS guidelines. The medication has not been prescribed for the acute exacerbation of chronic low back pain. The patient does not have the diagnoses of multiple sclerosis or spinal cord injury spasticity. For these reasons, the criteria set forth above for the use of this medication have not been met. Therefore, the request is not medically necessary.