

Case Number:	CM14-0121032		
Date Assigned:	09/16/2014	Date of Injury:	03/05/2001
Decision Date:	11/12/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 53 year old male who reported an injury on 03/05/2001 that occurred while twisting his back. His diagnoses were Lumbago; Thoracic or Lumbosacral Neuritis or Radiculitis; and Chronic pain. The injured worker's previous treatments include medications, acupuncture, and an occupational retraining program. On 07/01/2014, the injured worker rated his pain to be 8/10. His functional level was noted to be impaired with most activity. The injured worker was previously on monthly urine drug screenings but has been changed quarterly urine drug screens. His last urine drug screen was performed on 02/27/2014 and the results were consistent. The physician stated that the injured worker was at a moderate to high risk for possible abuse or addiction and had prior substance overuse issues. His medication were noted to include Topiramate 25mg, Ibuprofen 800mg, Cyclobenzaprine HCL 10mg, Norco 10/325, Morphine Sulfate Extended release 60mg, Ultram 50mg, Lorazepam 2mg and Baclofen 10mg. The treatment plan was to continue with his current medication regimen with a decrease of his Morphine Sulfate Extended Release from three times a day to twice daily, and to start Baclofen 10mg. The provider recommended Baclofen 10mg #100. The provider's rationale was for relief of spasms. A Request for Authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Muscle relaxants (for pain) Page(s): 64..

Decision rationale: The request for Baclofen 10mg #100 is not medically necessary. The California MTUS Guidelines state that antispasmodic drugs, such as baclofen, are used to decrease spasticity in conditions such as multiple sclerosis, spinal cord injuries with associated symptoms include exaggerated reflexes, contractures, lack of dexterity, fatigability and autonomic hyperreflexia. Baclofen is recommended for muscle spasm related to multiple sclerosis and spinal cord injuries. The injured worker stated that his pain level was an 8/10 on 07/01/2014 and that the pain interferes with most of his activity. The examination had no objective finding to corroborate muscle spasm, spinal cord injury or multiple sclerosis diagnoses. Furthermore, the documentation lacked any evidence of decreased muscle spasticity with the prior use of this medication. Moreover, the frequency of the medication was not included with request, as submitted. Therefore, the request for Baclofen 10mg #100 is not medically necessary.