

Case Number:	CM14-0135627		
Date Assigned:	08/29/2014	Date of Injury:	07/07/1998
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/22/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old female was reportedly injured on July 7, 1998. The mechanism of injury was listed as turned her neck wrong way. The most recent progress note, dated August 21, 2014, indicated that there were ongoing complaints of neck pain and low back pain. Pain was rated at 9/10 without medications and 7/10 with medications. The physical examination demonstrated decreased cervical spine range of motion with pain. There was tenderness along the cervical spine, paravertebral muscles, and trapezius with spasms. There was a positive Spurling's test. Decreased sensation was noted at the right little finger, ring finger, and lateral forearm. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included cervical spine surgery. A request had been made for Baclofen and was not certified in the pre-authorization process on August 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64 of 127..

Decision rationale: Baclofen is a muscle relaxant whose mechanism of action is blockade of the pre- and post-synaptic GABA 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). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm, there is no functional benefit with the use of this medication. Accordingly, this request for Baclofen is not medically necessary.