

Case Number:	CM14-0138530		
Date Assigned:	09/05/2014	Date of Injury:	04/05/2010
Decision Date:	09/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 Interventional Spine 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 patient is a 47 year old female with an injury date of 04/05/10. Based on 07/21/14 progress report provided by [REDACTED] the patient presents with pain in low back, bilateral knees and bilateral ankles. Patient states that acupuncture therapy for the low back and medications help with her pain. Patient is taking Celebrex, Baclofen and is applying Voltaren gel. She is also on home exercise program. Physical Examination 07/21/14: Straight leg raising, Patrick's and facet loading tests were positive tenderness to palpation over lumbar parasplnal musculature and bilateral greater trochanteric bursa tenderness to palpation over the bilateral knees and bilateral ankles with swelling in the right ankle. Diagnosis 07/21/14 : Peroneal neuropathy. Lumbar facet dysfunction. Bllateral greater trochanteric bursitis. Bilateral knee and ankle pain, status post surgery, [REDACTED] is requesting Baclofen 10mg qty 30. The utilization review determination being challenged is dated 08/12/14. The rationale is "Guidelines recommend Baclofen for the treatment of spasticity and muscle spasm related to multiple sclerosis and Spinal cord Injuries. Patient does not show signs of MS..." [REDACTED] is the requesting provider, and he provided treatment report dated 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs, Antispasmodics, Antispasticity/Antispasmodic Drugs, Baclofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Muscle relaxants (for pain)
Page(s): 64, 63.

Decision rationale: The patient has pain in low back, bilateral knees and bilateral ankles. The request is for Baclofen 10mg qty 30. Per progress report dated 07/21/14, medications help with her pain. Regarding muscle relaxants for pain, MTUS Guidelines page 63 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. 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. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Progress report dated 07/21/14 states patient has refilled her prescription of Baclofen. About 3 weeks have passed between 07/21/14 and utilization review date of 08/12/14. It is not known how many refills were given to patient until reported date of 07/21/14. Per guideline, duration of use should be short-term. Also, requested medication is listed as one with the least published evidence of clinical effectiveness. Recommendation is for denial.