

Case Number:	CM14-0146218		
Date Assigned:	09/12/2014	Date of Injury:	08/07/2000
Decision Date:	10/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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 & Rehabilitation and is licensed to practice in Alabama. 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 64 year old male who was injured on 08/07/2000. The mechanism of injury is unknown. The patient underwent discectomy and laminectomy at L4-5, L5-S1. Prior medication history included Flomax, Celebrex, metformin, Lyrica, Baclofen, hydrocodone, and Lidoderm. Progress report dated 08/14/2014 states the patient presented with complaints of back pain that is moderate to severe. The pain radiates down to left and right foot. He rated his pain without medications an 8/10 and with medications a 3/10 and he is able to get dress in the morning, participate in minimal activities at home, and make contact with friends via phone or email. On exam, lumbar spine range of motion revealed lateral flexion on right to 10 degrees; left to 10 degrees; left rotation 30 degrees and right rotation is 30 degrees. Lumbar spine AROM revealed left lateral flexion at 30 degrees and right lateral flexion at 10 degrees; bilateral rotation at 30 degrees; Extension 10 degrees and flexion at 55 degrees. On neuro exam, patella reflexes is 1/4 bilaterally and Achilles reflexes on the right is 1/4 and left 0/4. The patient is diagnosed with spinal stenosis of lumbar region; chronic pain due to trauma; thoracic or lumbosacral radiculopathy; failed back surgery syndrome; muscle spasms, and chronic HNP of the lumbar spine. The patient was recommended to continue with Baclofen. Prior utilization review dated 09/05/2014 states the request for Baclofen 20mg #90 with 1 refill is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle relaxants (for pain)

Decision rationale: The above MTUS guidelines for muscle relaxants state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Regarding antispasticity drugs such as baclofen, the MTUS guidelines state "Used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes)" and specifically for baclofen it states "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 above ODG guidelines state "recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, there is no mention acute flare-up of pain, and the duration of baclofen use is not being used "short-term" as it is noted to be in use in notes from 8/14/14, 6/16/14, 4/17/14, and 2/18/14. In addition, there are no diagnoses as above (MS, SCI, trigeminal neuralgia) to further indicate the need for baclofen. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.