

Case Number:	CM14-0176586		
Date Assigned:	10/29/2014	Date of Injury:	06/08/1998
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/24/2014

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 39-year-old male with an injury date of 06/08/1998. Based on the 08/19/2014 progress report, the patient complains of having bilateral lower back pain and bilateral lower extremity radicular pain. Both lumbar and cervical ranges of motion are restricted by pain in all directions. Lumbar and cervical discogenic provocative maneuvers were positive. The 09/16/2014 report also indicates that the patient has positive lumbar spasms. On 05/16/2014, the patient had a permanent spinal cord stimulator implant. The patient's diagnoses include the following: 1. Positive spinal cord stimulator trial. 2. Left S1 radiculopathy with left lower extremity weakness. 3. Right L5-S1 radiculopathy with right lower extremity weakness. 4. Mild focal disk protrusion at L5-S1 displacing the right S1 nerve root. 5. Left L4 and left L5 radiculopathy with left lower extremity weakness. 6. Broad-based disk bulge at L4-L5 with postoperative changes from the left laminectomy. 7. Moderate left L4-L5 neuroforaminal stenosis and lateral recess stenosis. 8. Mild focal disk protrusion at L3-L4 compressing the thecal sac at the left L4 nerve root. 9. Severe L3-L4 central stenosis. 10. Lumbar post-laminectomy syndrome. 11. Lumbar facet joint arthropathy bilaterally from L3 through S1. 12. Lumbar sprain/strain. 13. Mild degenerative disk disease at L3-L4 and L4-L5. 14. Mild focal disk protrusion at L5-S1 displacing the right S1 nerve root. 15. Anxiety secondary to chronic industrial-related low back pain. 16. Depression secondary to chronic industrially related low back pain. 17. Distributed sleep secondary to chronic industrially related low back pain. 18. Nonindustrial diabetes mellitus. The utilization review determination being challenged is dated 10/02/2014. Treatment reports were provided from 02/11/2014 - 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg tab # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the 09/16/2014 progress report, the patient complains of having bilateral lower back pain and bilateral lower extremity radicular pain. The request is for Baclofen 10 mg tablet #90 for spasm. There are no discussions providing what Baclofen has done for the patient. It appears that the patient is going to begin taking this medication on 09/16/2014. For muscle relaxants or pain, the MTUS Guidelines page 63 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations to patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most lower back pain cases, they show no benefits beyond NSAIDs and pain and overall assessment. A short course of muscle relaxant for patients reduction of pain and muscle spasm is appropriate but not for long term. The physician does not indicate that this is to be used for short-term and the prescription is written for a total of 90 tablets. The request is not medically necessary.