

Case Number:	CM14-0082565		
Date Assigned:	07/21/2014	Date of Injury:	03/15/2011
Decision Date:	11/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 60-year-old female with an injury date of 03/15/2011. Based on the 04/23/2014 progress report, the patient complains of having lower back ache and right hip pain which increases with cold weather. She reports her pain as a 5/10 with medications. She has poor quality of sleep. On sensory examination, light touch sensation is decreased over the L5 dermatome on the right side. Dysesthesia are present over the L5 dermatome on the right side as well. The 05/23/14 report states that with medications, the patient's pain has decreased to a 1/10 and her activity level has increased. The 03/03/2011 x-ray of the lumbar spine revealed mild to moderate lumbar degenerative changes. Degenerative disk disease is most pronounced at L5-S1. The 05/20/2011 MRI of the lumbar spine revealed the following: 1. Annular bulge is subtle superimposed central disk herniation/protrusion at L4-L5 without spinal stenosis, mild-moderate neuroforaminal compromise bilaterally at this level. 2. Broad-based protruding disk at L5-S1 with significant facet joint and ligamentum flavum hypertrophy creating a moderately severe degree of bilateral inferior neuroforaminal compromise at L5-S1. Correlation for any radicular symptoms related to these is recommended. The patient's diagnoses include the following: 1. Hip pain. 2. Lower back pain. 3. Lumbar radiculopathy. 4. Sacroiliac pain. The utilization review determination being challenged is dated 05/27/2014. Treatment reports were provided from 12/04/2013 - 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg tablet #30 refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

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

Decision rationale: Based on the 04/23/2014 progress report, the patient complains of having lower back ache and right hip pain. The request is for Baclofen 10 mg tablet #30, 1 refill (1/day) for myofascial spasms. The patient has been taking Baclofen as early as 02/26/2014. The 04/23/2014 report states, "Her pain reduces from 7/10 to a 0/10 with medications." The 05/23/14 report also indicates the patient's pain decreasing to a 1/10. 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 lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxant for patient's reduction of pain and muscle spasm is appropriate but not for long term. This patient has been using Baclofen on a long term basis (as early as 02/26/2014) which is not within MTUS Guidelines. Recommendation is for denial.