

Case Number:	CM14-0092326		
Date Assigned:	09/12/2014	Date of Injury:	07/08/1993
Decision Date:	10/06/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 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:

This 50 year-old patient sustained an injury on 7/8/1993 while employed by [REDACTED]. Request(s) under consideration include Medication Review for Baclofen 10mg #60 as an outpatient for low back injury. Diagnoses include Lumbago s/p L4-5 BAK fusion; piriformis myofascial pain syndrome; sleep impairment related to chronic pain; chronic opiate intake with 120 MED. Report of 5/20/14 from the provider noted the patient with ongoing chronic back symptoms. Exam showed paralumbar muscle spasm, decreased range of motion, tender facets joints at L2, L3, L4, and L5 with pain on maneuvers of toe and heel walking, balancing on one leg and on hopping; paralumbar cyst 4 cm from midline on right side with tenderness; SLR positive bilaterally; tenderness at SI joint; 5/5 motor strength in bilateral lower extremities with intact sensation. Patient was noted to be under drug contract although no UDS results provided. Medications list Gralise, Prevacid, Trazadone, Baclofen, Percocet, Endocet, Soma, Avinza, and Gabapentin. The request(s) for Medication Review for Baclofen 10mg #60 as an outpatient for low back injury was non-certified on 6/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Review for Baclofen 10mg #60 as an outpatient for low back injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury of 1993 with concurrent use of Soma, another muscle relaxant. Medication Review for Baclofen 10mg #60 as an outpatient for low back injury is not medically necessary and appropriate.