

<b>Case Number:</b>	CM14-0093278		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/01/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Texas and Oklahoma. 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 injured worker is a 48-year-old female who reported an injury on 12/01/2003. The mechanism of injury was not provided. On 07/16/2014, the injured worker presented with posterior neck and bilateral arm pain. Current medications included Cymbalta, Valium, ibuprofen, and Tylenol. Upon examination, there was tenderness and tightness over the bilateral trapezius and over the levator scapula rhomboid area of the cervical spine. There was a positive Spurling's to the right and 30% restriction of flexion, extension, and lateral bending. Examination of the thoracic spine noted mid thoracic tenderness over the mid thoracic area about the T6-7 level and palpable trigger points over the medial border of the scapula that elicit severe pain over the bilateral trapezius and ipsilateral trapezius with a twitch response with the palpation. Examination of the lumbar spine noted tenderness across the lumbosacral area with 20% restriction of flexion, and a positive right straight leg raise. There was hypoesthesia in the posterior arms down the 4th and 5th fingers and dysesthesia over the medial scapulae. Diagnostic studies included an MRI on 03/18/2004 diagnosed as C4-5 annular bulging effacing the thecal sac, and mid spinal stenosis at C6-7, and C4-5 annular bulging. The diagnoses were cervical degenerative disc disease at C4-5, C5-6, and C6-7 with mild spinal stenosis, cervical radiculopathy, nonindustrial thoracic degenerative disc disease, nonindustrial lumbar degenerative disc disease with right leg radiculopathy, fibromyalgia, and situational depression. The provider recommended baclofen 5 mg with a quantity of 30. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for Baclofen 5Mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Prospective Request for Baclofen 5Mg #30 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drug) and pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of documentation on if Baclofen is a new or continuing prescription medication. Additionally, the efficacy of the prior use of Baclofen was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.