

Case Number:	CM14-0095583		
Date Assigned:	07/25/2014	Date of Injury:	11/13/2003
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 73-year-old female who reported an injury on 11/13/2003. The mechanism of injury was not stated. Current diagnoses include postlaminectomy syndrome, lumbar spinal stenosis, sciatica, disorders of the sacrum, and arachnoiditis. The injured worker was evaluated on 05/14/2014 with complaints of persistent lower back pain. The physical examination revealed a non-antalgic gait. Treatment recommendations at that time included continuation of the current medication regimen including baclofen 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen tablets 10mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line option for the short-term treatment of acute exacerbations. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. There was no documentation of palpable muscle spasms or spasticity

upon physical examination. There is also no frequency listed in the request. The California MTUS Guidelines do not recommend long-term use of muscle relaxants. As such, the request is non-certified.