

Case Number:	CM14-0099793		
Date Assigned:	09/16/2014	Date of Injury:	07/21/2005
Decision Date:	10/15/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/30/2014

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 58 year old male with an injury date of 07/21/05. Based on 05/29/14 progress report provided, patient presents with low back pain rated 9/10 without medication and 3/10 with. Physical examination to the lumbar spine reveals that range of motion is restricted with pain. There is tenderness to palpation with myospasm bilaterally. Lumbar facet loading is positive bilaterally. Straight leg raising is negative. Patient's medications include Norco, Baclofen and Avinza. Patient is independent with his activities of daily living (ADL) (cooking cleaning, light household chores) and he is able to walk and participate in Tai Chi for exercise. Medications work well without reported side effects. Patient's medications include Norco, Baclofen and Avinza per treater report dated 01/10/13 - 05/29/14. Diagnosis 05/29/14:- low back pain- spinal/lumbar degenerative disc disease- lumbar radiculopathy- lumbar facet syndrome Provider is requesting 1 prescription for Baclofen 10 mg #90. The utilization review determination being challenged is dated 05/31/14. The rationale is "guidelines state muscle relaxants are recommended for short term treatment and weaning was indicated in 2013."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants Page(s): 64;6.

Decision rationale: Patient presents with low back pain rated 9/10 without medication. The request is for 1 prescription for Baclofen 10 mg #90. Per treater report dated 05/29/14, medications allow patient to be independent with his ADL's. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Patient has been prescribed Baclofen at least from treater report dated 01/10/13. Per guideline, duration of use should be short-term. Also, requested medication is listed as one with the least published evidence of clinical effectiveness. The request is not medically necessary.