

<b>Case Number:</b>	CM14-0101202		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

### 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 male, who sustained an industrial injury on 9/17/2008. He reported falling and injuring his left knee and his back. Diagnoses have included lumbar spine sprain/strain with left lower extremity radiculitis, bilateral sacroiliac joint sprain and status post left knee contusion. Treatment to date has included physical therapy, a home exercise program and medication. According to the progress report dated 5/20/2014, the injured worker complained of low back pain with radiating numbness and tingling to the left lower extremity to the foot. He rated his pain as 7/10. He also complained of on and off flare-ups in the left knee and bilateral sacroiliac joint. Exam of the lumbar spine revealed tenderness to palpation over the bilateral paravertebral musculature, lumbosacral junction and left sciatic notch. Straight leg testing was positive on the left. There was increased pain with lumbar range of motion. Exam of the left knee revealed tenderness to palpation over the medial and lateral joint lines. Authorization was requested for Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN 20MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 63-64 of 127.

**Decision rationale:** "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004)" Baclofen is indicated for muscle spasm related to multiple sclerosis or spinal cord injury. As stated in the MTUS guidelines, muscle relaxants may be used as a second line agent for short term use in low back pain. They show no benefit beyond NSAIDs in overall pain improvement. Due to poor evidence for benefit seen in prolonged use, it is not medically necessary.