

Case Number:	CM14-0204790		
Date Assigned:	12/16/2014	Date of Injury:	01/13/2005
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Family Practice and is licensed to practice in New York. 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 63 year-old female who was injured on 1/13/05. She complained of neck pain. On exam, she had diminished sensation in the right hand. Cervical x-ray showed mild C3-4, C4-5, and C5-6 disc degeneration with small posterior osteophytes. She was diagnosed with neck pain, degeneration of lumbosacral intervertebral disc, joint pain in ankle and foot, lumbar intervertebral disc without myelopathy, and recurrent major depressive episodes. She has been treated with physical therapy which helped symptoms and acupuncture which did not help. She took Percocet, Motrin, Neurontin, Ambien, Baclofen, Lidoderm patch. She had left foot surgery and right shoulder surgery. The current request is for Baclofen which was denied by utilization review on 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request is not medically necessary. Baclofen is recommended to treat spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries and benefit those with lacinating, paroxysmal neuropathic pain. The patient has not been diagnosed with any of these medical conditions. Muscle relaxants show no benefit beyond NSAIDS in pain and overall improvement. The patient is on either Motrin or Ibuprofen. Efficacy diminishes over time and may lead to dependence. Therefore, the request is considered not medically necessary.