MAXIMUS Federal Services

Case Number:	CM14-0213382		
Date Assigned:	12/30/2014	Date of Injury:	07/31/2001
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Tennessee, Mississippi
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old male with a 7/31/01 date of injury. The progress notes indicated that the patient was utilizing muscle relaxants at least from 12/4/2012. The patient was seen on 11/04/14 with complaints of stabbing back pain shooting down to the left leg, bilateral knee pain, and ongoing pain and swelling in both wrists. The patient rated his pain 4/10 with medications and 10/10 without medications. The patient was noted to be on Gralise, Norco, BuTrans patch, Mobic, and baclofen p.r.n. Exam findings of the lumbar spine revealed forward-flexed antalgic posture, muscle spasm and rigidity in the lumbar trunk with loss of lordotic curvature, positive SLR test bilaterally, and altered sensory loss in the left lateral calf and bottom of the foot. The strength in the bilateral lower extremities was 5/5. The examination of the knee revealed swelling, crepitus, excessive valgus laxity in both knees and positive anterior drawer sign. The examination of the hands revealed positive Finkelstein maneuvers and positive Phalen's and Tinel's signs. The diagnosis is lumbago, lumbar strain/sprain, bilateral knee pain, status post multiple knee arthroscopies, and bilateral carpal tunnel syndrome.Treatment to date: work restrictions, TENS unit, PT, Toradol injections, and medications. An adverse determination was received on 11/21/14 given that the Guidelines recommend use of this medication for short term and the patient was using it chronically and the weaning off of Baclofen was recommended on 9/24/14 with certification of #17 to complete the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #45: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. In addition, CA MTUS state that Baclofen (Lioresal, generic available) is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). However, there is a lack of documentation indicating that the patient suffered from muscle spasms related to multiple sclerosis or spinal cord injuries. In addition, there is a lack of documentation with subjective and objective functional gains from prior use of Baclofen. Additionally, the patient has been noted to utilize muscle relaxants at least from December 2012 and the Guidelines do not support long-term treatment with muscle relaxants. Lastly, there is no rationale with regards to necessity for extended use of Baclofen despite a lack of functional benefits. Therefore, the request for Baclofen 10mg #45 was not medically necessary.