

Case Number:	CM14-0214160		
Date Assigned:	01/07/2015	Date of Injury:	01/21/2010
Decision Date:	02/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 51 years old female patient who sustained an injury on 1/21/2010. The current diagnosis includes pain in joint shoulder. Per the doctor's note dated 11/24/2014, she had complaints of left shoulder pain. The physical examination revealed pain with left shoulder range of motion- abduction 105, forward flexion 90 and extension 30 degrees. The medications list includes norco, methadone, tizanidine, HCTZ, glucophage and simvastatin. She was previously using baclofen without much relief. She has had an MRI of the left shoulder on 10/21/13 which revealed the rotator cuff repair, mild glenohumeral joint arthrosis, thickening and scarring of the inferior glenohumeral ligament with normal signal, and postsurgical findings of subacromial/sub deltoid decompression with acromioplasty. She has undergone left shoulder arthroscopy in 2008. She has had lumbar epidural steroid injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg Tablet # 60: Upheld

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

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

Decision rationale: Baclofen is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. 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."The patient has been taking baclofen since a long time.She was previously using baclofen without much relief. The need for baclofen on a daily basis with lack of documented improvement in function is not fully established. According to the cited guidelines Baclofen is recommended for short term therapy and not recommended for longer period. The request for Baclofen 10mg Tablet # 60 is not medically necessary.