

<b>Case Number:</b>	CM14-0214879		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/12/1998
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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:

Patient with reported date of injury on 11/12/1998. Mechanism of injury was not documented. Patient has a diagnosis of neuropathy R shoulder arthropathy, cervicgia with radiculopathy, post cervical fusion, cervicogenic headaches and depression/anxiety. Medical reports reviewed. Last report available until 12/4/14. Patient complains of R shoulder pain and R upper extremity pain. Pain is 7-8/10. Objective exam reveals muscles spasms and myofascial findings in R shoulder, R upper trapezius and arm. Noted trigger points in Arm, upper trapezius and neck. Decreased range of motion. There is noted dysesthesia, hyperesthesia and skin changes in upper extremity. Medication list include methadone, dilaudid, baclofen, MS contin, Norco, wellbutrin, cymbalta and celexa. Independent Medical Review is for Baclofen 10mg #60. Prior Utilization Review on 12/3/14 recommended non-certification. It approved Celexa, Wellbutrin, Cymbalta and Promolaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg quantity 60:** Upheld

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

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, muscle relaxants should be used for short term use for exacerbation of muscle spasms. Baclofen is only recommended for spasticity related to multiple sclerosis and spinal cord injury. It may occasionally be used off-label for paroxysmal neuropathic pain. Patient does not have a diagnosis that meets criteria for use. Patient also has been on Baclofen chronically. The number of tablets is not consistent with plan for weaning or short term use. Baclofen is not medically necessary.