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| <b>Case Number:</b>   | CM14-0215059 |                              |            |
| <b>Date Assigned:</b> | 01/02/2015   | <b>Date of Injury:</b>       | 07/05/2007 |
| <b>Decision Date:</b> | 02/24/2015   | <b>UR Denial Date:</b>       | 12/12/2014 |
| <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: Physical Medicine & Rehabn

### 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 patient is a 53 year old female with an injury date on 07/05/2007. Based on the 12/03/2014 progress report provided by the treating physician, the patient has completed 6 weeks of HELP program and has increased function and activity level since attendance. The patient reported an increased ROM since and reduced use of Norco 2 QD. Physical exam reveals functional ROM in neck with limits at end range. She has 5/5 strength in upper extremities and functional ROM. She has intact sensation to light touch in upper extremities. The treatment plan is to request for medications. The 11/17/2014 to 11/21/2014 Functional Restoration Program Integrative Summary report indicates the patient has completed the authorized 32 days of FRP treatment. In terms of the fitness and functional activities, the patient performed well on the gym floor overall. She seems to be managing her irritation in the lower extremity better, and her positive attitude is supportive. The treatment plan is to continue current medications, request for DME exercise equipment's, request 1 Reassessment. Patient is to remain on TTD status. Patient's diagnoses were not included in the provided reports. There were no other significant findings noted on this report. The utilization review denied the request for (1) Baclofen, (2) HELP x4 months, (3) Reassessment x1 visit, (4) DME: exercise equipment's on 12/12/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 08/05/2014 to 12/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the 12/03/2014 report, this patient has an increased function and activity level since attendance the HELP program. The current request is for Baclofen 10mg #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Baclofen #90 and this medication was first noted in the 08/05/2014 report. Baclofen is not recommended for long term use. The provider does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.