

Case Number:	CM14-0217404		
Date Assigned:	01/07/2015	Date of Injury:	06/13/2012
Decision Date:	03/20/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker (IW) is a 36 year old male driver who sustained an industrial injury on 06/13/2012 in a motor vehicle accident. Subjectively the IW has lower back and left hip pain with pain in the left upper leg and hip. He also has some pain in the right leg and hip area and recently had a period of about three days that he had difficulty walking due to the left hip and left upper leg pain. Diagnoses include chronic left thigh pain, status post left femoral fracture with open reduction internal fixation, chronic left trochanteric pain, status post left acetabular fracture, status post bilateral rib fractures, left greater than right, status post contusions and abrasions, foreign body in the left forearm, currently awaiting authorization for the plastic surgeon to remove the foreign body, status post pulmonary infarct with placement of an umbrella which was later removed. Status post Coumadin anticoagulation therapy, discontinued, chronic left knee pain with exacerbation, rule out lateral meniscal injury, status post dermatitis of the left forearm, facial scarring, memory deficits, status post -concussion, hypertension, hypercholesterolemia, history of depression , predating his motor vehicle accident of 06/13/2012, chronic low back pain with a prior history of low back pain which was aggravated by the 06/13/2012 accident, status post left leg stick abscess, hyperpigmented areas near the surgical scar of the left sacroiliac area, sexual dysfunction secondary to the work injury , currently awaiting evaluation with a urologist. Objective findings are tenderness of the left knee and thigh, paralumbar tenderness from L2 to L5-S1 with tenderness along the left iliac crest and left sacroiliac area. There is also some left inguinal tenderness. The IW is able to squat about 50% of normal. Anteflexion of the trunk on the pelvis allows for 60 degrees of flexion, extension is about 10 degrees; rotation to the left is

30 degrees and to the right is 30 degrees. Lateral flexion to the left is 20 degrees; to the right is 20 degrees. Treatments to date are numerous, but the treatment plan for this visit is to give a refill of the Vicodin which allows him an increase in functional ability and helps to relieve his left hip and leg pain. He is also given a refill of Baclofen 10 mg by mouth three times daily as needed for muscle spasm #120 with three refills. He is being referred back to the plastic surgeon to remove embedded glass in his left forearm, and a request is made for pain management consultation for consideration of a functional restoration program for the IW. On 11/25/2014 Utilization Review modified a request for Baclofen 10 mg #120 with three refills to Baclofen 10 mg #90 for purposes of taper for discontinuation over the course of the next 1-2 months, noting the medical need for ongoing use of Baclofen has not been fully substantiated. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10MG #90 FOR PURPOSES OF TAPER FOR DISCONTINUATION OVER THE COURSE OF THE NEXT 1-2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for Baclofen 10mg #90 is not medically necessary.