

Case Number:	CM14-0094430		
Date Assigned:	07/25/2014	Date of Injury:	03/01/2003
Decision Date:	06/09/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 is a 59 year old male who sustained an industrial injury on 3/1/03 from cumulative trauma involving the right shoulder, bilateral hands and wrist. He had prior injuries to his low back and hands involving allergic dermatitis. He currently complains of achy bilateral shoulder and upper extremity pain. He rates his pain level at 8-9/10 without medications and 3-4/10 with medications. He is doing physical therapy and finds this helpful. His medications are amitriptyline, Norco, hydrocortisone cream and baclofen. His medications decrease pain and increase his function. Urine toxicology was done 5/21/14. Diagnoses include insomnia; chronic pain syndrome; dyshidrosis; muscle pain; entheopathy of elbow region; other affections of the shoulder region. In the progress note dated 5/21/14 the treating provider's plan of care includes a request for baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lioresal (Baclofen) 10mg #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): 63-64.

Decision rationale: This 59 year old male has complained of right shoulder pain, hand pain and wrist pain since date of injury 3/1/03. He has been treated with physical therapy and medications to include Baclofen since at least 12/2012. The current request is for Baclofen. Per the MTUS guideline cited above, muscle relaxants are recommended with caution as a second line option for the short term (2-4 week) treatment of acute exacerbations in patients with chronic lower back pain. The recommended duration of use has been exceeded in this patient. On the basis of the MTUS guidelines, Baclofen is not medically necessary in this patient.