

Case Number:	CM15-0000101		
Date Assigned:	01/09/2015	Date of Injury:	08/08/2010
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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: Internal 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:

This 58 year old female sustained a work related injury on 08/08/2010. According to a progress report dated 06/02/2014 the injured worker's medication regimen included Baclofen 10mg twice a day. According to the most recent progress report dated 11/19/2014 the injured worker complained of mid and lower back pain, bilateral shoulder pain, bilateral hand pain, and left leg pain. Medication regimen included Norco, Baclofen, Atorvastatin and Caltrate. Diagnoses included Lumbar Radiculopathy, Postlaminectomy Syndrome of Lumbar Region, Lumbago and Chronic Pain Syndrome. Physical examination revealed no scoliosis, asymmetry or abnormal curvature of the thoracic or lumbar spine. Shoulder joints revealed no swelling, deformity, joint asymmetry or atrophy. Hand revealed no swelling, redness, nodules, deformity, atrophy or asymmetry. Motor testing was limited by pain. No involuntary movement was noted. On 12/12/2014, Utilization Review non-certified Baclofen 10mg twice a day 60 per 30 days, refill 2. According to the Utilization Review physician, guidelines state that treatment should brief and be used no longer than 2-3 weeks. There was no documentation of spasms on exam and the injured worker had been taking medication for longer than 3 weeks. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-64. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Baclofen <http://www.drugs.com/pro/baclofen.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. FDA Prescribing Information states that Baclofen is indicated for spasticity resulting from multiple sclerosis. Baclofen may also be of some value in patients with spinal cord injuries and other spinal cord diseases. Baclofen is not indicated in the treatment of skeletal muscle spasm resulting from rheumatic disorders. The efficacy of Baclofen in stroke, cerebral palsy, and Parkinson's disease has not been established and, therefore, it is not recommended for these conditions. Medical records document that the patient has chronic occupational injuries and has been prescribed muscle relaxants long-term. The medical records document the long-term use of Baclofen. MTUS guidelines do not support the long-term use of muscle relaxants. Medical records do not document multiple sclerosis or spinal cord injury. MTUS and FDA guidelines recommend Baclofen only for multiple sclerosis or spinal cord diseases. MTUS, ACOEM, and FDA guidelines do not support the use of Baclofen. Therefore, the request for Baclofen is not medically necessary.