

Case Number:	CM15-0005728		
Date Assigned:	01/20/2015	Date of Injury:	07/16/1995
Decision Date:	03/16/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/12/2015

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 & Rehabilitation

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 63 year old female with an industrial injury dated July 16, 1995. The injured worker diagnoses included degenerative joint disease of the lumbosacral spine, discogenic low back pain and lumbar strain/sprain. According to the progress note dated 12/9/2014, the injured worker reported that she is still functionally limited and has difficulty with sleep due to the increased pain at night. The treating provider reported that the injured worker appeared to be in a moderate degree of pain. Documentation noted that the injured worker was able to transfer and ambulate with a guarded posture. The treating physician prescribed Baclofen 10mg, ninety count for muscle spasms. Utilization Review determination on December 25, 2014 denied the request Baclofen 10mg, ninety count, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 63 - 64, 76 - 94, and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63-66.

Decision rationale: Based on the 12/09/14 progress report provided by treating physician, the patient presents with low back pain. The request is for BACLOFEN 10MG, NINETY COUNT. Patient's diagnosis per Request for Authorization form dated 12/15/14 included degenerative joint disease of the lumbosacral spine, discogenic low back pain and chronic low back strain/sprain. The patient rates her pain at 5/10 with and 8/10 without medications, per treater report dated 12/09/14. Patient's medications include Ultram, Tramadol and Baclofen. The patient is temporarily totally disabled. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Baclofen is prescribed for muscle spasm, per treater reports dated 10/28/14 and 12/09/14. Treater has not documented improvement in function or reduction in pain due to use of Baclofen. Based on guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. Baclofen has been prescribed at least for 2 months from the UR date of 12/25/14. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.