

<b>Case Number:</b>	CM15-0009606		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/28/1996
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: 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 is a 58 year old male, who sustained a work/ industrial injury while moving sacks of concrete on 8/28/96. He has reported symptoms of backache with shooting pain down both legs. Surgery included a laminectomy with fusion at L5-S1 (2000), and L2-L5 fusion (2014). Medical history included depression, gastroesophageal reflux disease (GERD), and hypertension. The diagnoses have included lumbago, post laminectomy syndrome of the lumbar region, lumbar scoliosis, and lumbar or lumbosacral disc degeneration. Per the treating physician's report on 6/17/14, there was tenderness and tight muscle band noted on both sides, lumbar facet loading was negative on both sides, and straight leg raising test was positive on both sides in supine position. X-ray of lumbar spine on 11/12/14 noted posterior decompression and anterior/posterior fusion from L2-5 with interbody spacers. There was decreased sensation at dorsum top of right foot. The Injured Worker reported functional improvement with pain relieving medications per report on 12/23/14. Medications included Oxycodone, Baclofen, Bupropion, Lisinopril-hydrochlorothiazide, Venlafaxine Hcl ER, and Percocet. Treatment to date has included: Tens Unit, physical therapy, medication, SI joint injections, and surgery. On 1/7/15, Utilization Review non-certified Baclofen 10 mg #90, noting the Medical treatment Utilization Schedule (MTUS) - Chronic Pain Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg, quantity: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle Relaxants (for pain), Topical Analgesics, Baclofe.

**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, quantity: 90 is not medically necessary.