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| Case Number: | CM15-0103291 | | |
| Date Assigned: | 06/05/2015 | Date of Injury: | 09/28/2008 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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, North Carolina
Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 9/28/08. He reported low back pain. The injured worker was diagnosed as having lumbar strain, lumbar herniated nucleus pulposus with myelopathy, and T6-7 thoracic herniated nucleus pulposus. Treatment to date has included physical therapy, psychological treatment, an L3-4 epidural steroid injection, and medication. The injured worker had been taking Baclofen since at least 11/6/14. Currently, the injured worker complains of pain in the lumbar spine and numbness in both legs. The treating physician requested authorization for Baclofen 10mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10milligrams #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: CA MTUS recommends muscle relaxants with caution as a second-line treatment of acute exacerbations in patients with chronic low back pain. In most LBP cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish with time and prolonged use may lead to dependency. In this case, the patient has been prescribed Baclofen since at least 11/6/14, exceeding the guidelines. Therefore, this request is deemed not medically necessary or appropriate.