

Case Number:	CM15-0011150		
Date Assigned:	01/29/2015	Date of Injury:	02/26/2007
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/21/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 50-year-old female who reported an injury on 02/26/2007. The mechanism of injury was repetitive overuse. The diagnoses were noted as chronic neck and thoracic pain, headaches, right lateral epicondylitis, forearm pain and right carpal tunnel syndrome. Her past treatments were noted to include medications, extracorporeal shockwave treatment, work modification, TENS unit, occupational therapy, surgery and chiropractic treatment. Her diagnostic studies were noted to include an MRI of the left upper extremity performed on 04/24/2013, which was noted to reveal tendinosis of the supraspinatus without definite tear identified; intra-articular portion of the long head of the biceps tendon was normal in signal without tear; very mild acromioclavicular joint osteoarthritis; a small amount of fluid in the subacromial/subdeltoid bursa; mild subacromial enthesopathy. Her surgical history was noted to include shoulder surgery. During the assessment on 12/24/2014, the injured worker was evaluated for multiple body regions, primarily the neck, upper back and upper extremities. She reported that she continued to experience pain in the neck and upper back regions. She described the pain as sharp, wrapping around the ribs from the right side thoracic region between the shoulder blades and extending to the chest region. She rated her pain without medication as an 8/10 and with medication a 6/10. The physical examination revealed tenderness to palpation over the thoracic region, the spinous process from about T5-7 and also the ribs off to the right with palpation. The pain was noted to radiate around the anterior chest region. There was also tenderness in the rhomboid region on the right side and up through the trapezius and cervical region. Her medications were noted to include Norco 2.5/325 mg, Ultram 50 mg, Voltaren ER

100 mg, Colace 100 mg, trazodone 50 mg and baclofen 10 mg. The treatment plan was to continue with the medication regimen and chiropractic care. The rationale for the request was not provided. The Request for Authorization form was dated 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, quantity: 30 prescribed 12/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

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

Decision rationale: The request for baclofen 10 mg quantity 30 prescribed 12/24/2014 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for the short treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, the continued use of this medication would not be supported. Given the above, the request is not medically necessary.