

Case Number:	CM15-0011868		
Date Assigned:	01/29/2015	Date of Injury:	06/15/2011
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
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, Arizona

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 49-year-old male with a reported date of injury of 06/15/2011. The mechanism of injury was not included. His diagnoses included postlaminectomy syndrome, lumbar region and radiculitis or neuritis. His medications included baclofen, Neurontin, NSAIDs, and Norco 10/325 mg. The progress note dated 01/08/2015 documented the injured worker had complaints of pain without medication rated at an 8/10 and with medication rated at a 2/10. The injured worker's surgical history included a decompressive laminectomy of L4-5 on 07/07/2011. History of past treatments included rest, narcotic analgesics, chiropractic, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, as prescribed on 1/8/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Page(s): 63-65.

Decision rationale: The request for baclofen 10mg, as prescribed on 1/8/2015 is not medically necessary. The California MTUS Guidelines stated nonsedating muscle relaxants should be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. There is a lack of documentation regarding muscle spasms or a trial and failure of a first line medication to help relieve this spasticity. The request does not include any dosing instructions nor does it include the number of the pill itself requested. Therefore, the request for baclofen 10mg, as prescribed on 1/8/2015 is not medically necessary.