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| Case Number: | CM15-0012496 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 06/27/2006 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/08/2015 |
| 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 59 year old male who sustained an industrial injury on 06/27/2006. The current diagnoses include lumbosacral spondylosis without myelopathy and neck pain. Treatments to date include medication management, physical therapy, steroid injections, radio-frequency ablation, and lumbar fusion and decompression. Report dated 11/03/2014 noted that the injured worker presented with complaints that included left lower extremity stabbing burning pain and sleep difficulties. Physical examination revealed tenderness in the left paraspinal region, decreased sensation in the left lower extremity, and positive straight leg raise on the left. The utilization review performed on 01/08/2015 non-certified a prescription for Baclofen based on no documentation of muscle spasms. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen tab 10mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 12, 16-18, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants - antispasticity drugs Page(s): 63.

Decision rationale: The medical records provided for review do not document the presence of muscle spasm for which baclofen is supported to treat. MTUS supports that It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)As the medical records do not document spasm in the muscles or spasticity, the medical records do not support treatment with baclofen.