

Case Number:	CM15-0013655		
Date Assigned:	02/02/2015	Date of Injury:	01/12/2005
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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

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 50-year-old male, with a reported date of injury of 01/12/2005. The diagnoses include chronic right knee pain due to multiple knee surgeries, chondromalacia patella, chronic low back pain, lumbosacral degenerative disc disease, and chronic pain syndrome. Treatments have included a functional restoration program, OxyContin 20mg three times a day and 60mg twice a day, Percocet 10/325mg 2 tabs three times a day, Baclofen 10mg up to 6 pills a day, which helps, right total knee replacement, and revision right total knee replacement. The medical report dated 12/09/2014 indicates that the injured worker had chronic right knee pain. His right knee pain is continuous, and increases by the end of the day. The injured worker also complained of back pain, numbness in the leg below the knee. The physical examination showed limited range of motion of the right knee including flexion and extension, and normal strength in the bilateral lower extremities. The treating physician requested Baclofen 10mg #180. The rationale for the request was not indicated. On 12/24/2014, Utilization Review (UR) modified the request for Baclofen 10mg #180, noting that the documentation did not note the recommended indications for the use of the is medications nor did it include the effectiveness of the medication. The UR physician provided certification for Baclofen 10mg #60 for weaning and/or the submission of supporting documentation. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using high doses of Baclofen daily for his muscle spasms, however, the documentation did not show any evidence of these muscle spasms subjectively or objectively, and there was no discussion in the notes regarding the measurable functional outcome directly related to his baclofen use every day. Regardless, this medication class is not recommended for prolonged use as he had been using. Therefore, the renewal of baclofen will be considered medically unnecessary.