

Case Number:	CM15-0013685		
Date Assigned:	02/02/2015	Date of Injury:	10/23/2009
Decision Date:	03/19/2015	UR Denial Date:	01/19/2015
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: Ohio, North Carolina, Virginia
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 female, who sustained an industrial injury on 10/23/09. She has reported back pain. The diagnoses have included multilevel disc degeneration and cervical spine, rotator cuff tendonitis right shoulder, intermittent cervical radiculopathy, failed back syndrome, post injury weight gain, situational anxiety and depression and gastritis. Treatment to date has included weight loss program, aquatic therapy (she stated no benefit from aquatic therapy), psychotherapy, and lumbar fusion (2012) decompression of L4-5 and L5-S1 foramen on left side and effusion of L3-4. (MRI) magnetic resonance imaging of cervical spine was performed on 9/5/14. Currently, the injured worker complains of low back pain radiating to both lower extremities and muscle spasms and pulling on left side of face. She noted 50% decrease in pain levels with current dose of Norco on physical exam dated 1/9/15 and bilateral lumbar paraspinous tenderness with muscle spasms was noted with palpation. On 1/19/15 Utilization Review non-certified Baclofen tablets 20 mg #90, noting there is no evidence of spinal cord injury or multiple sclerosis to support the need for this muscle relaxant. The MTUS, ACOEM Guidelines, was cited. On 1/23/15, the injured worker submitted an application for IMR for review of Baclofen tablets 20 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. **ANTISPASTICITY DRUGS:** Used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. (Chou, 2004) **Baclofen (Lioresal, generic available):** The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. 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). Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. 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. Dosing: Oral: 5 mg three times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day. In this instance, the injured worker is said to have spasms of the lower extremities and the lumbar musculature. She has also had dystonia of the facial muscles. She is currently being evaluated for potential ankylosing spondylitis and/or an immunologic phenomenon related to a previous fusion surgery. She does not have spasticity related to a spinal cord injury or multiple sclerosis that anyone has yet determined. Therefore, Baclofen 20mg #90 is not medically necessary with reference to the cited guidelines.