

Case Number:	CM15-0013831		
Date Assigned:	02/02/2015	Date of Injury:	09/30/1999
Decision Date:	03/19/2015	UR Denial Date:	01/20/2015
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: Arizona, California
 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 51 year old female who sustained an industrial injury on September 30, 1999. There was no mechanism of injury documented. The injured worker was diagnosed with cervical neck pain with disc disease, left shoulder and left elbow pain. According to the primary treating physician's progress report on December 10, 2014, the injured worker continues to experience constant pain in the neck area into the left elbow. Elbow pain is achy and intermittent. On examination the patient has a forward protruded neck/head with 4/5 strength in the left shoulder with tenderness in the ulnar aspect of the elbow and left triangular fibrocartilage region. Current treatment modalities or home exercises were not reported. The injured worker continues to work full time. Current medications noted on primary treating physician's progress report dated January 6, 2015 are Zegerid, Mobic, Vicoprofen, Cymbalta, and Baclofen. (Celebrex, Flexeril and topical analgesics were discontinued at this appointment with Mobic and Baclofen started). There was no documented change in the injured worker's examination. The treating physician requested authorization for Baclofen 10mg, #30. On January 20, 2015 the Utilization Review denied certification for Baclofen 10mg, #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: According to the MTUS guidelines, Baclofen 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). In this case, the claimant did not have the above diagnoses. In addition, the claimant had been on muscle relaxants in the past. The use of Baclofen is not indicated and not medically necessary.