

Case Number:	CM15-0017028		
Date Assigned:	02/05/2015	Date of Injury:	03/19/2003
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/26/2015

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, Hawaii

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 60 year old with an industrial injury dated 03/18/2003. He presented for follow up on 12/18/2014 with increased pain since last visit. He also stated quality of sleep was poor. Physical exam revealed the injured worker was wearing a lumbar brace. There was tenderness to palpation of paravertebral muscles, spasm, tenderness and tight muscle band was noted on both sides. Motor testing was limited by pain. Light touch sensation was decreased in left lumbar 5 distributions in comparison to the right. At visit dated 01/15/2015 the injured worker rated his pain with medications as 4/10 and 8/10 without medications. Prior treatments include weight loss program, aqua therapy, referral to a dentist and medications. Diagnoses were post lumbar laminectomy syndrome, low back pain, mood disorder and post cervical laminectomy syndrome. On 01/20/2015 utilization review issued a decision of non-certification for Baclofen 10 mg # 90. One month supply was provided for weaning. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg # 90: Upheld

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

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

Decision rationale: The patient presents with lower back pain. The current request is for Baclofen 10 mg #90. The treating physician states: Inspection of the lumbar spine on palpation, paravertebral muscle, spasm, tenderness, and tight muscle band is noted on both sides. Baclofen 10 Mg Tablet SIG: Take 1 three times a day as needed. (23, 24D) The MTUS guidelines state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the treating physician has been prescribing this medication to the patient since at least 10/20/14 (11D) and the quantity would exceed the recommended guidelines that state muscle relaxants are for short term usage of acute exacerbations. The current request is not medically necessary and the recommendation is for denial.