

Case Number:	CM15-0110203		
Date Assigned:	06/16/2015	Date of Injury:	08/31/1998
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 reported an industrial injury on 8/31/1998. Her diagnoses, and/or impressions, are noted to include: cervical radiculopathy, status-post cervical spinal fusion; and sprain/strain of the lumbosacral with lumbar radiculopathy. Electrodiagnostic studies of the upper extremities, with abnormal findings, are noted on 2/27/2015; no current imaging studies are noted. Her treatments have included diagnostic studies; consultations; medication management; and rest from work. The progress notes of 2/24/2015 noted complaints of worsening cervical and lumbar spine pain with increasing weakness in the upper extremities; and the use of a walker. Objective findings were noted to include tenderness, with guarding, of the cervical and lumbar spine, and generalized weakness - non-localized. The physician's requests for treatments were noted to include the continuation of Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen
Page(s): 65.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for Baclofen 20mg #60 is not medically necessary.