

<b>Case Number:</b>	CM15-0110902		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/28/2003
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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  
 Certification(s)/Specialty: Emergency 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:

This 50 year old man sustained an industrial injury on 2/28/2003. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy and lumbar strain. Treatment has included oral medications and surgical interventions. Physician notes on a PR-2 dated 4/230/2015 show complaints of neck pain rated 8-9/10, right hand pain rated 7-8/10, and low back pain rated 8-9/10. Recommendations include Trazadone, Baclofen, Effexor, Thermacare, Naproxen, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 20mg #100:** 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 requested Baclofen 20mg #100, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain rated 8-9/10, right hand pain rated 7-8/10, and low back pain rated 8-9/10. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 20mg #100 is not medically necessary.

**Thermacare patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The requested Thermacare patches #30, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has neck pain rated 8-9/10, right hand pain rated 7-8/10, and low back pain rated 8-9/10. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, Thermacare patches #30 is not medically necessary.