

Case Number:	CM15-0113009		
Date Assigned:	06/19/2015	Date of Injury:	05/07/2002
Decision Date:	07/27/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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, North Carolina
 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:

This 51 year old female sustained an industrial injury on 5/7/02. She subsequently reported right foot pain. Diagnoses include sciatica, myositis and causalgia of lower limb. Treatments to date include nerve conduction, MRI and x-ray testing, knee braces and prescription pain medications. The injured worker continues to experience bilateral lower extremity pain. Upon examination, there is paresthesias to light touch noted in the lateral leg and dorsal right foot. Patellar reflexes are 2 plus bilaterally. Achilles tendon reflex is 2 plus on the left and 1 plus on the right. Right ankle range of motion was reduced. Sacroiliac joint compression testing and McMurray's was positive on the right. A request for Baclofen 20mg #90 with one refill for the right knee was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90 with one refill for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 63-64, 82, 92.

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

Decision rationale: According to MTUS guidelines, Baclofen is currently recommended orally for the treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. This patient has neither condition. Muscle relaxants are also recommended for short-term treatment. This patient has been on long-term therapy. The medical records indicate the request is for the knee, however there is no documentation of muscle spasm about this joint. In this case the request for Baclofen fails to meet criteria for use and is deemed not medically necessary.