

<b>Case Number:</b>	CM15-0116889		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Pennsylvania  
Certification(s)/Specialty: Internal 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 65-year-old male with a reported date of injury of 08/07/2000. The mechanism of injury was heavy lifting. The injured worker's symptoms at the time of the injury included low back pain and right lower extremity pain. The diagnoses include gait abnormality, chronic muscle spasms, thoracic or lumbosacral radiculopathy, spinal stenosis of the lumbar region, lumbar failed back surgery, chronic lumbar herniated nucleus pulposus, and chronic pain due to trauma. Treatments and evaluation to date have included several laminectomies and discectomies; a MRI of the lumbar spine on 01/28/2013 which showed multiple level spinal stenosis most severe at L4-5 which caused near obliteration of the central canal and demonstrated worsening degenerative changes; a MRI of the lumbar spine on 01/06/2011; a MRI of the lumbar spine on 07/26/2014 which showed spinal stenosis from L2-3 to L5-S1, worsened disc extrusion at L3-4, and worsening stenosis now severe at L4-5 due to osteophyte complexes and facet hypertrophy; oral medications; topical pain mediation; bilateral lumbar transforaminal epidural corticosteroid injections; chiropractic treatment; and physical therapy. The medical report dated 05/18/2015 indicates that the injured worker complained of low back pain, which occurred persistently. The pain radiated to the left ankle, right ankle, left foot, and right foot. He rated his pain 8 out of 10 without medications; and 3 out of 10 with medications. It was noted that in the last month, on average, the injured worker rated the intensity of his pain 3 out of 10. He recorded how much his pain interfered with his activities of daily living as 7 out of 10. The physical examination of the low back showed an antalgic gait; moderate spasm; tenderness of the spinous, paraspinous, gluteals, piriformis, quadratus, posteroir superior iliac spine (PSIS), and

sciatic notch; painful motion in the bilateral buttock; positive bilateral straight leg raise; active painful range of motion; full range of motion; and severe restriction with extension. The treatment plan noted that the injured worker had picked up a four-month supply of Baclofen, so he did not require a refill. The treating physician requested Baclofen 20mg #120, with two refills. The request for authorization indicates that the injured worker should take one tablet four times daily. Work status was noted as permanently disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 20mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 63-65.

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

**Decision rationale:** Baclofen is a muscle relaxer and used to treat muscle spasms. The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker has had chronic low back pain since his injury in 2000 without documentation of acute flare. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory agents (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Effectiveness appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been taking Celebrex, which is an NSAID, and Baclofen since at least 06/09/2009 according to the medical records provided. The guidelines indicate that Baclofen is recommended 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). The injured worker does not have any of these conditions. There was no documentation of functional improvement as a result of use of Baclofen. Work status was noted as permanently disabled, and there was no discussion of improvement in specific activities of daily living as a result of use of Baclofen. The request does not meet guideline recommendations. Due to length of use in excess of the guideline recommendations, lack of a diagnosis for which the medication is recommended, combination with a NSAID, and lack of functional improvement, the request for Baclofen is not medically necessary.