

Case Number:	CM15-0118281		
Date Assigned:	06/30/2015	Date of Injury:	04/18/2000
Decision Date:	09/01/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/18/2015

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 York
 Certification(s)/Specialty: Pediatrics, 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 66 year old male who sustained an industrial injury on 04/18/2000. Current diagnoses include C4-C5 and C5-C6 degenerative disc disease with chronic cervicalgia and radicular pain and lumbar spine degenerative disc disease with chronic low back pain. Previous treatments included medications, multiple surgeries, lumbar epidural injection, lumbar facet blocks, radio-frequency rhizotomies, physical therapy, and home exercise program. Previous diagnostic studies include a lumbar spine MRI dated 04/07/2015. Initial injuries occurred to multiple body parts. Report dated 04/09/2015 noted that the injured worker presented with complaints that included low back pain with radiation down the right leg which has become worse, left wrist brace has helped, and the injured worker is requesting to see a spine surgeon for possible surgery. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for antalgic gait and ambulation with a cane, decreased right shoulder and bilateral knee range of motion, decreased cervical and lumbar spine ranger of motion due to pain, decreased sensation in the bilateral hands and feet, positive Spurling's test, Tinel's and Phalen's tests were positive at the bilateral wrists, tenderness in the cervical and lumbar paraspinal muscles, and right shoulder and bilateral knees without muscle spasm. Current medication regimen includes Ultram, Baclofen, Mobic, and Neurontin. The treatment plan included discussing the lumbar spine MRI results, instructed to follow up with family physician ASAP, pending appeal results of bilateral L3, L4, and L5 medial branches radio-frequency rhizotomies, continue Ultram and Baclofen, continue Mobic and Neurontin from the VA clinic, encouraged to continue home exercise program and to use heating pad, may repeat lumbar

epidural steroid injection, may consider cervical epidural steroid injection and TENS unit for chronic pain, may consider spine surgeon, and follow up in 6 weeks. Currently the injured worker is not working. Documentation supports that the injured worker has been prescribed Baclofen since at least 12/18/2014. Disputed treatments include Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), and Antispasticity drugs-Baclofen Page(s): 63, 64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for 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." Specifically, Baclofen is recommended for treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries, and is non-FDA approved for trigeminal neuralgia. Documentation supports that the injured worker has been taking Baclofen on a long-term basis; there was no documentation of muscle spasms in the most recent report submitted for review. Therefore, the request for Baclofen 10 mg, #60 is not medically necessary.