

Case Number:	CM15-0120874		
Date Assigned:	07/24/2015	Date of Injury:	06/18/2012
Decision Date:	08/26/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Anesthesiology

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 61-year-old, male who sustained a work related injury on 6/18/12. The diagnoses have included lumbar spine strain/sprain, discogenic low back pain and degenerative joint disease of the low back. Treatments have included lumbar epidural steroid injections, chiropractic treatments, home exercises, medications and physical therapy. In the PR-2 dated 5/5/15, the injured worker complains of continued low back pain. The pain is constant waxing and waning pain. He describes the pain as sharp, dull and achy. His pain level with medications is 2-3/10 and tolerable and a 6/10 without medications. His back range of motion shows a flexion of 60 degrees and an extension of 10 degrees with pain. His lower extremity and range of motion appear to be within normal limits. He has prominence of the right thoracic paraspinal muscles consistent with spasms. He only takes his medications when he needs them. He is not working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90: 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): 63-64.

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain(LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre-and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. This drug should not be discontinued abruptly, as withdrawal includes the risk of hallucinations and seizures. This patient does not have any of the conditions listed above for recommended use. He has been taking this medication for a minimum of 7 months. There is insufficient documentation of how this medication is working to relieve his back spasms. Since he does not have any of the conditions listed as recommendations for use, the requested treatment of Baclofen is not medically necessary.