

<b>Case Number:</b>	CM15-0121194		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 9/05/2014. She reported a slip and fall from a bulldozer, resulting in a fracture of her left posterior rib. The injured worker was diagnosed as having cervical radiculitis, cervical and thoracic sprain/strain, and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, chiropractic, and medications. Currently, the injured worker presented for follow-up of upper-mid back pain, rated 5/10. She stated that chiropractic sessions decreased pain and radiculopathy symptoms, increased range of motion, relaxed muscles, and minimized medication use. Medications included Oxycodone and Gabapentin. She also used Tiger Balm, massage, heat, and pillows for pain control. Her mood was documented as stable, but sometimes stressed about changes since injury. The treatment plan included refill of medications, with addition of Baclofen for muscle relaxation. She remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, the provider has ordered baclofen to help with muscle relaxation in a progress note on 5/22/2015. However, there is no documentation of muscle spasm on exam, and no subjective complaints of muscle spasm. Given this, the currently requested Baclofen is not medically necessary.