

<b>Case Number:</b>	CM15-0121626		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/26/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	05/28/2015
<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: New York

Certification(s)/Specialty: Emergency 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 59-year-old female injured worker suffered an industrial injury on 01/26/2013. The diagnoses included lumbosacral spondylosis without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. The diagnostics included lumbar x-rays and lumbar magnetic resonance imaging. The injured worker had been treated with chiropractic therapy, spinal radiofrequency ablation, nerve blocks and medications. On 5/14/2015, the treating provider reported continued middle lower back pain accompanied by some stiffness rated 2/10. The worst pain was rated 4/10 and least pain 2/10 and usual pain was 3/10. She reported the medication relieve 50% of the pain. She stated she used Baclofen for muscle spasms. On exam, there was no evidence of spinal muscle spasms. The injured worker had not returned to work. The treatment plan included Baclofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Baclofen Page(s): 63-65.

**Decision rationale:** CA MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. Baclofen is recommended orally for treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. The documentation provided did included pain levels but not for before/after administration of medications and no evidence of muscle spasm on exam. The duration of treatment indicated she had been using this medication for at least 1 year. There was no specific evidence of prior benefit. The diagnoses did not include multiple sclerosis or spinal cord injury. Therefore, Baclofen was not medically necessary.