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| Case Number: | CM15-0127021 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 07/08/1993 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year old female who sustained a work related injury July 8, 1993. According to a pain and rehabilitative physician's notes, dated June 5, 2015, the injured worker presented for a follow-up visit with continued chronic low back pain, s/p two lumbar fusions 1999 and 2001. She reports her back has improved since her last visit; able to lift weights and perform core strengthening exercises. There is continued low back pain with radiation to the bilateral lower extremities, right worse than left. She is s/p spinal cord stimulator trial 4/14/2015, but is having second thoughts on implantation. She reports past epidural steroid injections have provided a 40-50% decrease in radicular symptoms and relief of pain for approximately 6-8 months. She continues with Avinza once daily for her baseline pain and Endocet for break-through pain when she is more active. She also uses Baclofen for muscle spasms as needed and gabapentin for neuropathic symptoms in her lower extremities, providing a decrease in the radiation of pain down her legs. Diagnosis is documented as degeneration lumbar lumbosacral disc. Treatment plan included a semi-quantitative urine drug screen administered and consultation for pain management. At issue, is the request for authorization of Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg Qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 64.

Decision rationale: According to the guidelines, Baclofen is recommended orally 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. In this case, the claimant does not have spasms related to the above diagnoses. Long-term use of muscle relaxants is not recommended. The claimant had also combined Baclofen with opioids increasing risk of side effects. The continued use of Baclofen is not supported by the guidelines and not medically necessary.