

<b>Case Number:</b>	CM15-0174517		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Texas, 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 53 year old female, who sustained an industrial injury on 4-1-04. The injured worker was diagnosed as having failed back syndrome-cervical; migraine-intractable; radiculopathy lumbar spine; fibromyalgia-myositis. Treatment to date has included status post cervical fusion (no date); physical therapy; medications. Diagnostics studies included MRI lumbar spine (8-6-15). Currently, the PR-2 notes dated 8-14-15 indicated the injured worker complains of back pain. The injured worker returned on this date as a follow-up visit on her chronic low back pain. The provider documents "She was seen in the ER [emergency room] for cardiac arrhythmia. She is awaiting evaluation by the cardiologist. She is having more episodes of 'SVT', which often leads to syncopal episodes. She reports compliance with her current pain medication regimen and denies aberrant behavior. Patient is able to perform her activities of daily living independently with the use of medications. She denies worsening depression-anxiety. She saw [another provider] who requested authorization for her to see neurologist. She also had MRI's done because there was some abnormality on exam which was concerning. The imaging did not indicate myelopathy but he determines that the bladder changes are due to her spine. She is awaiting spine surgery authorization." The provider documents a physical examination. He notes: "There is bilateral cervical paraspinous tenderness. Palpable twitch positive trigger points are noted in the muscles of the head and neck, specifically. There is pain with anterior flexion and extension of cervical spine." Examination of the Lumbar Spine is documented as: "Straight leg raise on the right: positive 30 degrees, Straight leg raise on the left: 60 degrees. Palpation of the lumbar facets reveals bilateral pain at the L3-S1 region. There is

pain noted over the lumbar intervertebral spaces (discs) on palpation. The patient's gait appears to be mildly antalgic. Anterior lumbar flexion as well as extension causes pain. Motor strength is grossly normal." The provider documents his impression indicating the medications continue to provide significant partial relief of her pain with no significant side effects. He documents "She reports compliance with her current pain medication regimen and denies aberrant behavior. Patient is able to perform her activities of daily living independently with the use of medications. The limiting factor for activity as this point is cardiac." His treatment plan includes a request for a cardiologist as soon as possible. He also notes she needs to see a neurologist regarding clonus on exam and balance issues. He reviews her medications and discussed them with the injured worker. He does not note when any of the medications were initiated as part of her treatment. PR- 2 notes submitted back to 4-22-15 indicate the same medication - Dilaudid 2mg 1 tab #90 was being used in conjunction with Flexeril 10mg #90. A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Baclofen 10 MG #90. Utilization Review certified these medications and consult: Morphine Sulfate IR 15 MG #90; Dilaudid 2 MG #90; Neurontin 300 MG #60 and Cardiologist Consult. A request for authorization has been received for Baclofen 10 MG #90 for the same type of chronic low back pain which radiates into her legs bilaterally. The medication list include Baclofen, Dilaudid, Morphine, Flexeril and Neurontin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Muscle relaxants (for pain).

**Decision rationale:** Request: Baclofen 10 MG #90. Baclofen (Lioresal, generic available): After a professional and thorough review of the documents, my analysis is that the above listed issue: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The date of injury for this patient is 4-1-04. As the patient does not

have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The patient's medication list includes Flexeril, which is a muscle relaxant. A detailed response to Flexeril was not specified in the records specified. The rationale for adding another muscle relaxant was not specified in the records specified. Therefore, the medical necessity of Baclofen 10 MG #90 is not medically necessary for this patient.