

Case Number:	CM15-0176346		
Date Assigned:	09/17/2015	Date of Injury:	12/29/2003
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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

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 59 year old male, who sustained an industrial injury on 12-29-2003. The injured worker was diagnosed as having sacrum disorders, thoracic compression fracture, and constipation. The request for authorization is for: Colace 250mg #120; Polyeth Glycol 3350nf Pov #527; and Baclofen 10mg #90. The UR dated 8-20-2015: certified Colace 250mg capsule #120; certified Polyeth Glycol 3350 Nf Pov #527; modified certification for weaning of Baclofen 10mg #20. On 2-24-2015, he reported feeling good benefit from a lumbar radiofrequency ablation done on 2-10-15. On 8-5-2015, he reported low back pain and bilateral shoulder pain greater on the left. He indicated having difficulty with sleep. He reported that Norco takes his pain from 9 out of 10 to 6 out of 10 and allows him to work around the house doing gardening, and washing dishes. Physical examination revealed decreased ranges of motion to the left shoulder and low back. A normal range of motion is noted to the right shoulder. The records do not indicate a continued issue with constipation and the most current gastrointestinal documentation on 8-4-2015 noted that he denied constipation, heartburn, nausea, abdominal pain, black tarry stools, and throwing up. There is no current documentation of objective findings for the gastrointestinal system. Regarding the use of Baclofen, the most current documentation dated 8-3-15, and 8-4-15 and 8-5-15 does not indicate the efficacy of its use. The treatment and diagnostic testing to date has included: pathology report for colon biopsy (11-26-2014), colonoscopy (11-26-2014), lumbar radiofrequency ablation (2-10-15 and 8-11-2015), medications, home exercises, CURES, urine screen (3-17-15), unclear amount of completed physical therapy and acupuncture sessions, lumbar facet injections, TENS, and medication management.

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 Medical Treatment 2009.

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

Decision rationale: Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis, reversible and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any specific functional improvement from treatment of Baclofen being prescribed in terms of improved work status, decreased medication profile, decrease medical utilization or increased ADLs for this chronic injury without acute flare, new injury, or progressive neurological deterioration to support its continued use. The Baclofen 10mg #90 is not medically necessary and appropriate.