

Case Number:	CM15-0176710		
Date Assigned:	10/09/2015	Date of Injury:	05/13/1993
Decision Date:	11/19/2015	UR Denial Date:	08/26/2015
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: Preventive Medicine, Occupational 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 injured worker is a 48 year old male, who sustained an industrial injury on 5-13-93. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy; lumbago; chronic pain syndrome; irritable bowel; neck sprain-strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-31-15 indicated the injured worker is in the office for a "recheck back "hurting pretty bad today, pain level 7 with medication". The provider documents "The patient denies any changes to his low back. He continues to suffer from opiate induced constipation and resulting pain. He has BMs every three days and gets uncomfortable toward the end of that period. VAS today with medications 6 out of 10 and VAS without medication 9 out of 10. The patient completed a functional assessment form today." Medications are listed by the provider as: baclofen 10mg one at bedtime for spasm; Cymbalta 20mg one daily; diazepam 10mg one daily; Kadian 50mg one daily; Lidoderm 5% topical film every 12 hours on 12 hours off; Linzess 145mcg one daily; Lipitor; Norco 10-325mg 1-2 every 4-6 hours daily; Protonix 40 one daily; Synthroid 100mcg one daily and Viagra 100mg prn. On physical examination, the provider documents "lumbar process tenderness and bilateral muscle spasm and tender to palpation with bilateral SI joint tender to palpation as well as iliac crest. Positive straight leg raise on the left; decreased deep tendon reflexes bilaterally 1 out of 4. Gait - limping favoring the left leg. Multiple abdominal scars over lower quadrants bilaterally. SI joints- + stork test on the left, positive FABERE on the left and to a lesser extent, the right. Positive Gaenslen's sign on the left." The provider notes the injured worker had a "diagnostic SI joint injection" approximately one year ago which gave him

relief from his posterior and lateral pelvic pain for approximately 6 hours. He continues to complain of lateral and posterior neck pain and has notably positive SI joint dysfunction on exam. "He should be afforded a trail of SI joint injections with a corticosteroid solution" as therapeutic and he is requesting this today. He is also requesting medications refills. The submitted documentation does not define when baclofen was initially prescribed but the PR-2 notes dated 4-9-15 do not list it. Baclofen is listed on the 5-7-15 notes. A Request for Authorization is dated 9-2-15. A Utilization Review letter is dated 8-26-15 and modified the certification for Baclofen 10mg #30 with 1 refill to allow but with no refill. A request for authorization has been received Baclofen 10mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30 with 1 refill: 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), Weaning of Medications.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, baclofen has been prescribed since at least May-2015 which is not supported by the guidelines, therefore the request for Baclofen 10mg #30 with 1 refill is not medically necessary.