

Case Number:	CM15-0178131		
Date Assigned:	09/18/2015	Date of Injury:	02/19/2007
Decision Date:	10/21/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old man sustained an industrial injury on 2-19-2007. The mechanism of injury is not detailed. Diagnoses include lumbar spine radiculopathy. Treatment has included oral medications, home exercise program, and transforaminal epidural steroid injection. Physician notes dated 8-20-2015 show complaints of low backache. The worker rates his pain 9 out of 10 without medications and 4-5 out of 10 with medications. The physical examination shows an antalgic gait without the use of assistive devices, normal curvature of the cervical spine with full range of motion and no tenderness, surgical scars to the lumbar spine, restricted range of motion due to pain resulting as flexion 37 degrees, extension 27 degrees, right lateral bending 15 degrees, left lateral bending 15 degrees, lateral rotation to the left 30 degrees, lateral rotation to the right 30 degrees, paravertebral muscle and spasms are notes on palpation, tenderness and tight muscle band is noted bilaterally, positive facet loading, positive straight leg raise, negative FABER test, muscle strength is normal except only 4 out of 5 to the bilateral abductor pollicis brevis, light touch sensation is decreased over the L5-S1 dermatomes, biceps reflex is 2 out of 4 bilaterally, brachioradial reflex is 2 out of 4 bilateral, triceps is 2 out of 4 bilateral, knee jerk is 2 out of 4 bilateral, ankle jerk is 1 out of 4 bilateral, and positive straight leg raise bilaterally. Recommendations include physical therapy, pelvis MRI, laboratory testing, transforaminal epidural steroid injection, continue home exercise program, Cialis, continued tapered Oxycodone, Colace, Omeprazole, Gabapentin, Ibuprofen, Silenor, Baclofen trial, and follow up in eight weeks. Utilization Review denied a request for Baclofen trial and cited the records

contain multiple prescriptions for Baclofen without evidence of clinical efficacy, spasticity, or decrease in muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg take 1 twice daily as needed for muscle spasms count #60 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).

Decision rationale: The claimant has a remote history of a work injury occurring in February 2007 and continues to be treated for low back pain. When seen, medications are referenced as decreasing pain from 8/10 to 5/10. Physical examination findings included a BMI of over 41. There was a slow antalgic gait without use of an assistive device. There was decreased and painful lumbar spine range of motion with bilateral positive lumbar facet loading. There were paravertebral muscle spasms with tenderness and tight muscle bands. There was decreased lower extremity strength and lower extremity sensation. Straight leg raising was positive. The assessment references a trial of baclofen, which was prescribed. A two-month supply was provided. Flexeril had been prescribed previously. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen was requested for at least two months. The claimant does not have spasticity due to an upper motor neuron condition. The request is not considered medically necessary.