

<b>Case Number:</b>	CM15-0179569		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 52 year old male, who sustained an industrial injury on 02-03-2006. He has reported subsequent low back and right lower extremity pain and was diagnosed with lumbar disc syndrome without myelopathy and lumbar radiculitis with radiculopathy to the right lower extremity. MRI of the lumbar spine dated 12-15-2014 showed diffuse disc herniations effacing the thecal sac and bilateral descending nerve roots from L2-S1 with compression to the bilateral exiting nerve roots from L4-S1 and encroachment to the bilateral exiting nerve roots from L2- L4. Treatment to date has included oral and topical pain medication, acupuncture, physical therapy and a home exercise program. Pain medication was noted to provide some pain relief. In a progress note dated 07-01-2015, the injured worker reported 8 out of 10 low back pain with numbness, tingling weakness and aching and was usually relieved with medication. Objective examination findings showed lumbar paraspinal tenderness, decreased range of motion of the lumbar spine, positive straight leg raise bilaterally that produced back pain, positive crossed- straight leg raise test that produced back pain at 60 degrees and positive femoral stretch test that produced back pain. In a progress note on 07-23-2015 low back pain was rated as 8 out of 10 without medication and 5-6 out of 10 with medication and objective findings showed decreased range of motion of the lumbosacral spine, tenderness to palpation of the sacroiliac region and tenderness to palpation of the paraspinal muscles. Work status was documented as modified. A request for authorization of Baclofen 10 mg one bottle #60 was submitted. As per the 08-13- 2015 utilization review, the request for Baclofen 10 mg one bottle #60 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg one bottle #60:** 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 patient presents with low back pain, rated 8/10, radiating to the right lower extremity. The request is for BACLOFEN 10MG ONE BOTTLE #60. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, SI joints, and gluteus musculature, bilaterally. Patient's treatments have included image studies, acupuncture, chiropractic therapy and medication. Per 05/21/15 progress report, patient's diagnosis includes lumbago, lumbar spine disc displacement, R/O lumbar radiculopathy, and sexual dysfunction. Patient's medications, per 07/01/15 Request for Authorization form include Compound Creams, Prilosec, Diclofenac, Gabapentin, and Baclofen. Patient's work status is modified duties. MTUS Guidelines, page 63, Muscle Relaxants (for pain) section states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. 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. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen." The treater has not discussed this request. Review of the medical records provided did not indicate prior use of Baclofen and it appears that the treater is initiating this medication. However, MTUS Guidelines do not recommend use of muscle relaxants for longer than 2 to 3 weeks, and the requested 60 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.