MAXIMUS Federal Services

Case Number:	CM15-0060706		
Date Assigned:	05/13/2015	Date of Injury:	10/23/2008
Decision Date:	06/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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 51 year old female, who sustained an industrial injury on 10/23/2008. Diagnoses have included cervical spine sprain/strain, thoracic musculoligamentous injury, left lateral shoulder bursitis and tendinitis, lumbar facet hypertrophy and lumbar radiculopathy. Treatment to date has included epidural steroid injection, aqua therapy, right shoulder surgery, physical therapy and medication. According to the report dated 2/12/2015, the injured worker complained of constant moderate, sharp, stabbing, throbbing, burning, upper/mid back pain radiating to the low back. She also complained of pain radiating to the right leg. She complained of left and right shoulder pain radiating to the mid arms and neck. She complained of loss of sleep due to pain along with depression, anxiety and irritability. Exam of the thoracic spine revealed painful range of motion, tenderness to palpation and muscle spasms. Exam of the lumbar spine revealed painful range of motion, tenderness to palpation and spasms. Exam of the shoulders revealed painful range of motion and tenderness to palpation. Authorization was requested for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section, Weaning of Medications Section Page(s): 63, 64, 124.

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 spnial cord injuries. Tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The inured worker has been prescribed Baclofen since October of 2014 and previously in 2013. Baclofen is recommended for only short periods of time to treat acute exacerbations of chronic back pain. The request for 1 prescription for Baclofen 10mg is determined to not be medically necessary.