

Case Number:	CM15-0063353		
Date Assigned:	04/09/2015	Date of Injury:	10/26/2000
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, Illinois

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 62 year old male, who sustained an industrial injury on October 26, 2000. The injured worker was diagnosed as having unspecified myalgia and myositis, pain in joint pelvic region and thigh, and unspecified disorder of muscle ligament and fascia. Treatment to date has included medication. Currently, the injured worker complains of constant waxing and waning right sided low back and pelvic pain. The Primary Treating Physician's report dated March 10, 2015, noted the injured worker reported having a myocardial infarction (MI) with angioplasty since last being seen. The injured worker reported the low back and pelvic pain constant and sharp at a 9/10 without medications, and 6/10 with pain mostly tolerable with medication. The injured worker was noted to have slight atrophy in the right lower extremity, and tenderness to palpation over the gluteal region. The treatment plan was noted to include continued MS Contin, Celebrex, Norco, Gabapentin, Pristiq, Remeron, and initiation of Baclofen.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on October 26, 2000. The medical records provided indicate the diagnosis of. Treatments have included. The medical records provided for review do not indicate a medical necessity for Baclofen 10mg #90. Baclofen 10mg #90. Baclofen is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The records indicate the injured worker has been using various muscle relaxants since 09/2014; the records do not indicate the worker is being treated for multiple sclerosis or spinal cord injury, also, the guideline does not recommend long-term use of muscle relaxant for the treatment of chronic pain exacerbation. The request IS NOT medically necessary.