

Case Number:	CM15-0065539		
Date Assigned:	04/13/2015	Date of Injury:	03/30/2012
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 3/30/2012. The current diagnoses are incomplete spinal cord injury, traumatic brain injury, spasticity, and neurogenic bowel and bladder. According to the progress report dated 2/4/2015, the injured worker continues to have ongoing difficulties with mobility, pain, right-sided sensation, left-sided weakness, and spasms bilaterally, left worse than right. The current medications are Norco, Cialis, Flomax, Dantrium, Robaxin, Baclofen, Limbrel, Cymbalta, Colace, Meclizine, Ativan, Viagra, Gralise, and Maxalt. Treatment to date has included medication management, X-rays, halo device, computed tomography scan, MRI studies, H-wave, psychological therapy, and physical, speech, and occupational therapy. The plan of care includes prescription refill for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #150 6 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

Decision rationale: Guidelines recommend Baclofen in cases of spasticity and muscle spasm related to multiple sclerosis or spinal cord injury. It should not be continued unless there is improvement in function. Muscle relaxants are recommended as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has spasticity as a result of a spinal cord injury and Baclofen is indicated. However, a prescription for Baclofen 10 mg #150 plus an additional six months of refills is not consistent with guidelines, as continued prescriptions should be based on periodic assessment of efficacy and functional improvement. The request for Baclofen 10 mg #150 with 6 refills is not medically necessary and appropriate.