

Case Number:	CM15-0068089		
Date Assigned:	04/15/2015	Date of Injury:	03/09/2007
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

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:

The injured worker is a 39 year old male, who sustained an industrial injury on 3/09/2007. Diagnoses include chronic low back pain, much improved status post recent L5-S1 disc replacement, left sided sciatic pain, opiate addiction, depression with suicidal ideation exacerbated by opiate addiction and erectile dysfunction. Treatment to date has included diagnostics, surgical intervention (L5-S1 discectomy and disc replacement 11/02/2009), medications, physical therapy (10 sessions for work hardening), functional restoration program, TENS unit, and dietary restrictions. Per the Primary Treating Physician's Progress Report dated 2/18/2015, the injured worker reported an episode of weakness and cramping in the lower extremities that lasted approximately 10 minutes and in which he was unable to get up from a seated position. He reported similar episodes twice over the past 3-4 months. Physical examination of the lumbar spine revealed no tenderness to palpation in the lumbar spine or bilateral lumbar paraspinal region, and no tenderness noted in the bilateral buttocks or sacroiliac joints. Seated straight leg raise was negative bilaterally. Finger to the floor distance was 8 inches. The plan of care included medications and authorization was requested for Baclofen 10mg #30, Mobic 7.5mg #60, Zantac gel oral capsule 15mg #60, Tylenol ER 500mg and Neurontin 300mg #60. A progress report dated February 18, 2015 indicates that the patient has not developed tolerance to baclofen entity continues to reduce spasm by approximately 40%. It is noted that the patient has previously gone through detox, and had blood in his stool related to NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it is clear that the patient has failed treatment with NSAIDs due to blood in the stool, and opiates due to abuse issues. Additionally, the requesting physician has noted that the baclofen improves the patient's pain and function. The patient has minimal options left, and uses a very small dose of baclofen. It is acknowledged, the guidelines do not generally support the long-term use of this medication. But it appears the requesting physician has identified why this is an outstanding case due to the patient's intolerance of other more traditionally prescribed medicines. As such, the currently requested Baclofen is medically necessary.