

Case Number:	CM15-0068255		
Date Assigned:	04/15/2015	Date of Injury:	02/22/1998
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
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: Massachusetts

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 50 year old female, who sustained an industrial injury on 2/22/1998. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a left herniated disc, thoracic facet arthropathy and thoracic compression fracture. There is no record of a recent diagnostic study. Treatment to date has included a spinal cord stimulator, physical therapy and medication management. In a progress note dated 2/18/2015, the injured worker complains of low back pain with spasm and stiffness that radiated to the bilateral lower extremities. The treating physician is requesting Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 Refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The claimant has a remote history of a work injury occurring more than 15 years ago and continues to be treated for radiating low back pain. Treatments have included a spinal cord stimulator. She continues to be treated with a diagnosis of failed back surgery syndrome. When seen, she was having ongoing back pain, spasms, stiffness, and lower extremity radicular symptoms. A spinal cord stimulator was continuing to help with the radicular symptoms. Physical examination findings included thoracic and lumbar tenderness with decreased range of motion. The examination references an absence of paraspinal muscle spasms. Baclofen 10 mg two times per day as needed was prescribed with three refills. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen is being prescribed and being continued on a long-term basis. It is therefore not medically necessary.