

Case Number:	CM15-0072632		
Date Assigned:	04/22/2015	Date of Injury:	12/10/2013
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/16/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 12/10/2013. She has reported injury to the neck and right shoulder. The diagnoses have included degeneration of cervical intervertebral disc; right shoulder pain; and pain in right upper limb. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, chiropractic, physical therapy, and home exercise program. Medications have included Motrin, Gabapentin, Nabumetone, Tramadol, Lidoderm patches, and Nortriptyline. A progress note from the treating physician, dated 03/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right-sided neck pain, which is worsening with treatment; neck pain radiates to the right upper extremity; and acute pain flare while at work with pain at the right neck and side of head. Objective findings included tenderness to palpation over the supraclavicular region midline of the cervical spine; and tenderness to palpation over the supraspinatus of the right upper extremity. The treatment plan has included the request for Baclofen 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60 (per 03/30/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was report of having had a recent flare-up of pain and spasm beyond her chronic levels while at work. A request for baclofen 10 mg #60 was requested. However, the amount needed to treat an acute flare would be no more than 10 pills, typically. The request was for 60 pills intended to chronic use, which is not recommended. Therefore, the request for baclofen will be considered medically unnecessary.