

<b>Case Number:</b>	CM15-0072893		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/08/2004
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 York

Certification(s)/Specialty: Internal 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 49 year old female who sustained an industrial injury on 5/8/04 involving pulling a pallet resulting in her hearing a crack and pop followed by extreme pain in her right knee. She currently complains of right knee pain radiating to the lumbar spine and neck with pain level of 7-9/10 depending on activities; neck and back pain that runs up and down the right side of her body with muscle spasms of the right lower extremity; headaches. In addition, she has sleep difficulties, intermittent chest pain, and weight gain. She also has nausea, vomiting and constipation when she takes her medications. Medications are methadone, Soma, donazepam, promethazine, Klonopin. Diagnoses include possible reflex sympathetic dystrophy right side; status post right knee arthroscopic surgery; constipation. Treatments to date include medications, home exercise program, physical therapy, and injections. In the progress note, dated 2/25/15 the treating provider's plan of care includes baclofen as needed for muscle relaxation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants.

**Decision rationale:** The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there was documentation that this patient had muscle spasms. It is unclear why two (2) muscle relaxants ( Soma/Baclofen) were necessary. Medical necessity for the requested muscle relaxant has not been established. The requested medication is not medically necessary.