

Case Number:	CM15-0074570		
Date Assigned:	04/24/2015	Date of Injury:	01/29/2003
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Ohio, North Carolina, Virginia
 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 40 year old male who sustained an industrial injury on 01/29/03. Initial complaints and diagnoses are not available. Treatments to date include medications and a home exercise program. Diagnostic studies include normal nerve conduction studies. Current complaints include pain in the right upper extremity, dysesthesias, burning sensation, diminished ability to grip and grasp, and severe cramps. Current diagnoses include laceration to the right hand with flexion contracture of the 4th and 5th digits with complex regional pain syndrome. In a progress note dated 03/19/15 the treating provider reports the plan of care as continued home exercise program, and medications including Norco, Elavil, Neurontin, and baclofen. The requested treatment is baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic regional pain syndrome and Baclofen Page(s): 41 and 64.

Decision rationale: The mechanism of action of the muscle relaxant Baclofen is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). (ICSI, 2007) Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. Dosing: Oral: 5 mg three times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day. The CA MTUS states that the pharmacologic management of chronic regional pain syndrome includes antidepressants (particularly amitriptyline); anticonvulsants (particularly gabapentin); steroids; NSAIDs; opioids; calcitonin; bisphosphonates; and 1 adrenoceptor antagonists (terazosin or phenoxybenzamine). In this instance, the treating physician indicates there is evidence of CRPS. The injured worker has ongoing flexion contractures of the 4th and 5th right fingers. He has been prescribed Baclofen since at least September 2014 for right upper extremity spasms. The quantity of medication allowed every month has been reduced by utilization review. The subjective and objective portions of the history and examination have not changed in spite of the Baclofen reduction (down to #6 Baclofen pills in a month as of 3-7-2015. Flexion contractures remain unchanged and the pain levels recorded are unchanged from 9-20-2014. Because there is no approved indication for Baclofen here and because the subjective and objective findings have not changed in spite of Baclofen quantity reductions, Baclofen 10 mg #60 is not medically appropriate and necessary.