

Case Number:	CM15-0076319		
Date Assigned:	04/27/2015	Date of Injury:	11/27/1996
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency 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 57-year-old female who sustained an industrial injury on 11/27/96. The injured worker reported symptoms in the back. The injured worker was diagnosed as having status post removal of spinal cord stimulator, status post left carpal tunnel release, severe facet arthropathy, disc degeneration and lumbar stenosis. Treatments to date have included cold pack, medications, pool therapy, rest, transcutaneous electrical nerve stimulation unit, physical therapy, biofeedback, nerve blocks, and spinal stimulation. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, three (3) times per day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80-81.

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

Decision rationale: The requested Baclofen 10mg, three (3) times per day, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has lower back pain with radiation to the lower extremities. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg, three (3) times per day, #90 is not medically necessary.