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| Case Number: | CM15-0078314 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 06/10/1997 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: Physical Medicine & Rehabilitation

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 53-year-old male injured worker suffered an industrial injury on 06/10/1997. The diagnoses included failed back syndrome, lumbar radiculopathy, lumbar fusion, anxiety, depression and spinal cord stimulator. The injured worker had been treated with medications and spinal surgery. On 3/30/2015 the treating provider reported low back pain that radiated down the bilateral lower extremities made worse by activity. The injured worker reported improvement in driving, gardening, mood, sitting, sleeping, and activities of daily living by the medications therapy. On exam there was impaired gait, with lumbar spasms and tenderness along with reduced range of motion and positive straight leg raise. The treatment plan included Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents on 03/30/15 with lower back pain, which radiates into the bilateral lower extremities. The pain is rated 6/10 with medications, 8/10 without medications. The patient's date of injury is 06/10/97. Patient is status post unspecified spinal surgery at a date not provided. The request is for BACLOFEN 10MG #90 WITH 1 REFILL. The RFA is dated 04/10/15. Physical examination dated 03/30/15 reveals tenderness to palpation of the lumbar paraspinal muscles from L4 to S1, with spasms noted. Neurological examination reveals decreased sensation along the L5 dermatome of the right lower extremity, and the provider also notes a positive straight leg raise test on the right. The patient is currently prescribed Lidoderm, Motrin, Neurontin, Norco, Baclofen, and Topamax. Diagnostic imaging was not included. Patient is currently not working. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In regard to the continuation of Baclofen for this patient's lower back muscle spasms, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been receiving Baclofen since at least 10/13/14 with pain relief and functional improvements noted in the subsequent reports. However, MTUS guidelines do not support the use of muscle relaxants such as Baclofen long term. The requested 90 tablets with one refill, in addition to use since at least 10/13/14, does not imply the intent to limit this medication to short term use. Therefore, the request IS NOT medically necessary.