

Case Number:	CM15-0079398		
Date Assigned:	04/30/2015	Date of Injury:	10/07/2005
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, California
 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 50 year old male, who sustained an industrial injury on 10/07/2005. He has reported subsequent right shoulder, rib, low back pain and headaches and was diagnosed with post traumatic headaches, adhesive capsulitis and lumbar strain. Treatment to date has included oral pain medication, wrist splints, physical therapy and surgery. In a progress note dated 03/17/2015, the injured worker complained of right shoulder, right rib and low back pain. Objective findings were notable for pain to palpation of the right ribs and lumbar spine and inability to move the right shoulder secondary to pain. A request for authorization of Baclofen was submitted as needed for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen/anti-spasmodics Page(s): 64.

Decision rationale: According to the guidelines, Baclofen 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). The claimant had been on Baclofen for months in combination with NSAIDS and opioids. The claimant did not have the diagnoses above. Continued use of Balcofen is not medically necessary.