

Case Number:	CM15-0090486		
Date Assigned:	05/14/2015	Date of Injury:	03/06/2006
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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 51 year old male, who sustained an industrial injury on 3/06/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having status post lumbar arthrodesis with subsequent hardware removal, lumbosacral radiculopathy, and continued intractable lumbar pain. Treatment to date has included lumbar surgery, diagnostics, home interferential unit, and medications. On 3/03/2015, the injured worker complains of continued significant low back pain, with radiation to the lower extremities, with numbness and weakness. Current medications included Docuprene, Baclofen, Prozac, Ambien, and Norco. Physical exam noted an antalgic gait and decreased sensation over the L5 dermatome bilaterally, with pain. Pain was not rated and muscle spasm was not described. The treatment plan included medication refills, including Baclofen. The previous (2/03/2015) and subsequent (3/24/2015) progress reports noted spasm and tenderness over the lumbar spine. The use of Baclofen was noted for greater than one year and his work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Baclofen 10mg #100 for DOS 3/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen 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. In this case, the claimant had been on Baclofen for over a year in combination with Norco. Long-term use is not indicated. The claimant did not have the above diagnoses and continued use is not medically necessary.