

Case Number:	CM15-0090781		
Date Assigned:	05/15/2015	Date of Injury:	06/27/2013
Decision Date:	08/04/2015	UR Denial Date:	04/13/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old male with an industrial injury dated 06/27/2013. His diagnoses included clinically consistent cervical radiculopathy, myofascial pain and left shoulder pain. Comorbid diagnosis was hypertension. Prior treatment included medial branch block at cervical 3-4 and cervical 5-6, radiofrequency facet neurolysis, cervical rhizotomy and medications. He also states he has been seeing a chiropractor for 20 years for maintenance. He presents on 03/31/2015 with complaints of neck and left shoulder pain rated as 4/10 in severity. He was prescribed Baclofen last visit and reports it helped him significantly for pain and tightness as well as crampy feeling in the left shoulder region muscles. He also notes he is able to sleep better. Physical exam noted the injured worker was protective of upper extremity. Spasms were noted in the cervical paraspinal and left shoulder region musculature. Dysesthesia was noted to light touch in the left upper extremity. Treatment plan included acupuncture and medications. The treatment request for acupuncture for persistent neck and shoulder region pain 12 sessions is not listed on the application. The treatment request for review is for Baclofen 10 mg # 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: Baclofen is classified as a muscle relaxant. MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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". Additionally, MTUS states "Baclofen (Lioresal, generic available): The mechanism of action 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)" The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has not provided documentation of trials and failures of first line therapies. Muscle relaxants are not recommended for long term use, medical documentation provided indicate this patient has been utilizing muscle relaxants in excess of guideline recommendations. As such the request for Baclofen 10 mg #10 is not medically necessary.