

Case Number:	CM15-0091450		
Date Assigned:	05/15/2015	Date of Injury:	05/04/2013
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 45-year-old male with a May 4, 2013 date of injury. A progress note dated April 7, 2015 documents subjective findings (constant pain in the right shoulder; pain rated at a level of 7/10 without medications and 4-5/10 with medications), objective findings (good upper and lower extremity range of motion and strength; moderate tenderness to palpation in the right scapular and superior trapezius region; tenderness in the right thoracic, lumbar, and gluteal regions consistent with muscle spasms), and current diagnoses (neck pain; myofascial scapular pain; myofascial right gluteal pain). Treatments to date have included daily stretching, medications, and injections. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Motrin, Vicodin, and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are neck pain; myofascial scapular pain; and myofascial right gluteal pain. The documentation in the medical record shows the injured worker was using baclofen as far back as November 18, 2014. This is the earliest progress note in the medical record. This does not reflect the start date and the start date of baclofen is uncertain. The injured worker's pain scale was 4/10 with medication and 7/10 without medication. According to an April 7, 2015 progress note, the injured worker is still taking baclofen 10 mg. The injured worker has continued complaints of low back pain. Subjectively, there is tenderness to palpation in the thoracic and lumbar spine compatible with muscle spasm. The treating provider exceeded the recommended guidelines for short-term use. Baclofen is indicated for short-term (less than two weeks) treatment. The treating provider continued baclofen, at a minimum, in excess of five months. This is an excess of the recommended guidelines for short-term (less than two weeks). Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of baclofen 10 mg in excess of the recommended guidelines for short-term use, Baclofen 10mg #90 is not medically necessary.