

Case Number:	CM15-0091461		
Date Assigned:	05/15/2015	Date of Injury:	04/23/2007
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
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
 Certification(s)/Specialty: Emergency 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 52 year old male who sustained an industrial injury on 04/23/2007. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar post laminectomy syndrome and chronic low back pain. The injured worker has a medical history of hypertension and diabetes mellitus. Treatment to date includes diagnostic testing, surgery, spinal cord stimulator (SCS) implant, physical therapy, weight loss, assistive devices and medications. The injured worker is status post lumbar fusion L3- S1 in June 2007, spinal cord stimulator (SCS) in April 2010 bilateral T10 laminotomies and insertion of epidural spinal cord stimulator (SCS) and pulse generator on February 12, 2014. According to the primary treating physician's progress report on April 10, 2015, the injured worker was re-evaluated for low back pain radiating to both legs, worse on the left. The injured worker rates his pain level at 10/10 without medications and 7/10 with medications. He reports the use of the spinal cord stimulator (SCS) helps with the radicular symptoms. The injured worker reports that he walks daily and is trying to lose weight. Examination of the lumbar spine demonstrated tenderness in the paraspinal muscles with decreased range of motion with forward flexion at 50 degrees and extension at 15 degrees. Right patella reflex was noted at 1+ and left patella and bilateral Achilles were trace. Strength was decreased in the left lower extremity with decreased sensation in the posterior legs bilaterally. Left straight leg raise was positive and Patrick's sign was negative. The injured worker has an antalgic gait and ambulates with a cane. Urine drug screen dated March 13, 2015 was consistent for prescribed medications. Current medications are listed as Norco, Naproxen, Amitriptyline, Baclofen, Celexa, antihypertensive medications and Metformin. Treatment plan consists of

psychological testing, follow-up visit, weight loss, daily exercise/walking, medications regimen and the current request for Baclofen for spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg (requested 3/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The request is for baclofen 10 mg, which is an anti-spasticity drug used to decrease spasticity in conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries (upper motor neuron syndromes). In general, muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and in increasing mobility. However, in most cases of low back pain, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain management and overall improvement. Also, there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS guidelines reserves baclofen 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 lacinating, paroxysmal neuropathic pain. The documentation provided for review does not clearly demarcate the use of baclofen for an acute exacerbation. The MTUS guidelines do not support the long-term use of baclofen for treatment of chronic low back pain, and therefore it is not medically necessary.