

<b>Case Number:</b>	CM15-0091541		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old female who sustained an industrial injury to her lower back on 10/11/2011 while throwing trash bags in a dumpster. The injured worker was diagnosed with chronic pain and lumbar radicular syndrome. The injured worker is status post a L4-5 interbody fusion on June 17, 2014. Treatment to date has included diagnostic testing with recent Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies on April 13, 2015, surgery, physical therapy and medications. According to the primary treating physician's progress report on March 26, 2015, the injured worker continues to experience low back pain with radiation to the bilateral buttock, posterior thigh, left calf and left foot associated with numbness. Examination demonstrated normal sensory of T12 through L5, deep tendon reflexes at 2/4 bilateral patella and motor strength within normal limits of the iliopsoas, quadriceps, hip abductors, gluteus medius and maximus. Straight leg raise was negative bilaterally. Current medications are listed as Hydrocodone 10/325mg, Vicodin 5mg, Nortriptyline, Baclofen and Gabapentin. Treatment plan consists of psychological pain evaluation, continuing with medication regimen and the current request for 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 Relaxant (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for BACLOFEN 10MG #90 is not medically necessary.