

Case Number:	CM15-0097393		
Date Assigned:	05/28/2015	Date of Injury:	11/15/2012
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 11/15/2012. She reported falling backward and hitting her head and low back. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbosacral sprain/strain, knee sprain/strain, elbow/forearm sprain/strain, and cervical sprain/strain. Treatment and diagnostics to date has included chiropractic treatment, physical therapy, electromyography/nerve conduction velocity studies which showed bilateral C5-6 and bilateral L5-S1 radiculopathies, cervical and lumbar spine MRI show significant disc herniations, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of cervical spine and lumbar spine pain. Objective findings include cervical and lumbar spine tenderness with decreased range of motion. The treating physician reported requesting authorization for Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-66.

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. Finally, there is no indication that the medication is being used for the treatment of muscle spasm or spasticity related to multiple sclerosis or a spinal cord injury as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.