

Case Number:	CM14-0143690		
Date Assigned:	09/12/2014	Date of Injury:	09/20/2009
Decision Date:	10/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in family medicine, and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male whose date of injury was said to be 9-29-2009 whereby he was in a motor vehicle accident. His diagnoses include right shoulder pain, insomnia, chronic low back pain with lumbar radiculopathy, status post fusion-lumbar L-2-S1. His physical exam has revealed exquisite tenderness to palpation of the lumbar paravertebral muscles, diminished lumbar range of motion, diminished right lower extremity sensation and deep tendon reflexes. He has had some short-term success with lumbar epidural steroid injections. He has been maintained on Baclofen every eight hours since at least February 2014. He additionally takes opioid analgesics and anticonvulsants. Non-steroidal anti-inflammatories are relatively contraindicated because of a history of gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) especially the Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Section, Muscle Relaxants.

Decision rationale: The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen 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. Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). In this instance, the use of Baclofen has been fairly continuous and therefore not for acute low back pain or for exacerbations of chronic low back pain. The injured worker is not said to have a spinal cord injury or multiple sclerosis. Therefore, Baclofen #90 is not medically necessary.