

Case Number:	CM14-0153286		
Date Assigned:	09/23/2014	Date of Injury:	03/13/2011
Decision Date:	11/03/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine and is licensed to practice in California. 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 s

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

66 year-old male with date of injury 03/13/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/06/2014, lists subjective complaints as pain in the low back and right hip. Objective findings: Examination of the lumbar spine revealed deep tendon reflexes were equal and symmetrical throughout the bilateral lower extremities. Physician was unable to elicit any ankle clonus. No distal extremity edema. There were no upper track findings. MRI of the lumbar spine was positive for bilateral degenerative facet changes throughout the lumbar spine. Diagnosis: 1. Low back pain with mild loss of disc height at L2-3 and moderate loss of disk height at L5-S1. 2. Lumbar radiculopathy 3. Right hip pain which shows moderate degenerative changes of the right hip with no acute findings. The medical records supplied for review document that the patient has been taking the following medication at least as far back as three months. Medications: 1. Baclofen 20mg, #60 SIG: BID

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 64, 111-113.

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

Decision rationale: The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs.