

<b>Case Number:</b>	CM14-0156690		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine and Rehabilitation 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 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 underlying date of injury in this case is 12/31/2009. The date of Utilization Review under appeal is 8/25/2014. The injured worker's diagnosis was a chronic pain syndrome. On 8/17/2014 the injured worker was seen in primary treating physician follow-up for chronic neck and left shoulder pain in the setting of cervical degenerative disc disease with radiculopathy as well as recent headaches. The injured worker was overall felt to have a cervical radiculopathy with radicular symptoms. Medications were recommended which allowed the injured worker to achieve pain at a manageable level and to continue activities of daily living. These medications included Prilosec, Norco, Baclofen, Voltaren, Lidoderm, and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants discusses Baclofen on page 64, noting that this

is recommended for treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Thus, this medication is indicated for central nervous system diagnoses which do not apply in the current situation. The medical records and guidelines do not document a diagnosis or other indication for which baclofen is indicated. This request for Baclofen 10mg QTY 60 is not medically necessary.