

<b>Case Number:</b>	CM13-0070544		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/02/1996
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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: Internal 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 67 year old male who sustained an industrial injury on August 02, 1996. A follow up visit dated December 02, 2013 reported subjective complaint of "right sided neck and shoulder pain." He cannot sleep on the right shoulder, cannot raise his arm above shoulder height. He reported using the following: Oxycodone, Baclofen, Omeprazole, and Trazodone. He reports "50 % functional improvement with medications." On December 09, 2013 a retrospective request for Baclofen 10mg #45 was noncertified by Utilization review on December 17, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN 10 MG #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, workers compensation drug formulary. [www.odg-twc.com/odgtwc/formulary,htm](http://www.odg-twc.com/odgtwc/formulary,htm)- [drugs.com](http://drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The chronic pain section of the MTUS states that baclofen is a muscle relaxant of the antispasticity type and is used to treat spasticity in certain conditions such as cerebral palsy, multiple sclerosis, and spinal cord injuries. Baclofen is noted to provide blockade at both pre and post synaptic GABA receptors. It is given PO for multiple sclerosis and spinal cord injuries. It is also used in treatment for lacerating and neuropathic pain and in disorders such as trigeminal neuralgia. We also note that muscle relaxants are used as a second line drug for treatment of lumbar pain and that they offer no benefit over the preferred medicine, NSAID's. Specifically baclofen have limited published evidence of clinical effectiveness in treatment of this condition. Side effects of baclofen include sedation, dizziness, weakness, low blood pressure, constipation, and respiratory depression. Also caution needs to be used when used with liver and renal impairment. Our patient does not have the illnesses which are ameliorated by Baclofen. In particular he does not have a lacerating neuropathic pain or spasticity secondary to a condition such as cerebral palsy, multiple sclerosis, or spinal cord injuries. Therefore, the request is not medically necessary.