

<b>Case Number:</b>	CM16-0233904		
<b>Date Assigned:</b>	12/09/2016	<b>Date of Injury:</b>	10/26/2016
<b>Decision Date:</b>	01/06/2017	<b>UR Denial Date:</b>	11/09/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2016

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 37 year old female who sustained an industrial-work injury on 10-26-16. The injured worker was diagnosed as having cervical strain, lumbar strain, lumbar disc protrusion, lumbar degenerative disc disease, bilateral shoulder sprain-strain, severe tendonitis on right lateral epicondyle, and insomnia. Treatment to date has included medication and diagnostic testing. Currently, the injured worker complains of pain to neck that goes into both right and left shoulder and from the neck going down into mid and low back as well as from both right and left shoulder the pain radiating into right and left elbow, right and left hand and wrist. There is numbness sensation going into both right and left hand and cramping when trying to bend them. Per the primary physician's progress report (PR-2) on 10-28-16, cervical exam noted tenderness to palpation in posterior aspect bilaterally, reduced range of motion, no evidence of radiating pain, cervical compression test is negative as well as Spurling's; right shoulder has tenderness at the AC (acromioclavicular) joint on both shoulders, restricted range of motion; right elbow has severe tenderness and swelling on right elbow medial as well as lateral epicondyle, negative testing and full range of motion without pain; lumbosacral spine exam noted severe tenderness throughout the lumbar paravertebrals which is worse at L4-5 and L5-S1, sensation is intact and DTR (deep tendon reflexes) are 1+. Current plan of care includes medication. The Request for Authorization requested service to include Baclofen 100mg #30. The Utilization Review on 11-9-16 was modified. The request for Baclofen 100mg #30 was the original request. Baclofen 100mg #27 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request is Baclofen 100mg #3.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 100mg #30 was the original request. Baclofen 100mg #27 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Baclofen 100mg #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The request is not medically necessary. Baclofen is recommended to treat spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries and benefits those with lacerating, paroxysmal neuropathic pain. The patient has not been diagnosed with any of these medical conditions. Muscle relaxants show no benefit beyond NSAIDS in pain and overall improvement. Efficacy diminishes over time and may lead to dependence. The patient does not have objective documentation of functional improvement with Baclofen. Longterm use is not recommended. Therefore, the request is considered not medically necessary.