

<b>Case Number:</b>	CM14-0024319		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation, has a subspecialty in Pain 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 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 61 year-old female with a date of injury of 12/13/2004. The patient's industrially related diagnoses include low back pain, thoracic and lumbosacral radiculopathy, muscle spasms, sacroiliitis, and chronic pain due to trauma. The disputed issues are prescriptions for Norco 10/325mg #240 with 1 refill, Gabapentin 600mg #90 with 4 refills, Baclofen 10mg #120 with 1 refill, and a request for repeat bilateral sacroiliac joint injection. A utilization review determination on 2/19/2014 had noncertified these requests. The stated rationale for the denial of Norco 10/325mg was "the patient's subjective and objective findings of chronic, moderate to severe pain meet the guidelines criteria; however, the review of the submitted documents does not indicate any significant pain relief and improvement." The stated rationale for the denial of Gabapentin 600mg is that although the patient's "findings demonstrate chronic back pain radiating into the lower extremity for which the guidelines recommend this medication, the patient has been under treatment with Gabapentin without any significant improvement in pain or function for which the guidelines do not recommend continuation." The Baclofen was denied because "the patient does not experience muscle spasms and/or spasticity due to multiple sclerosis or spinal cord injury for which the guidelines do not recommend continuation of this medication." Lastly, the stated rationale for the denial of repeat bilateral sacroiliac joint injection was that "there is lack of documentation confirming the diagnosis of sacroiliac joint dysfunction, confirming conservative therapy, and any significant improvement of more than 70% documented from previous injections."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state the following criteria for the ongoing use of opioids: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)." In the progress report dated 2/10/2014, the treating physician documented that the injured worker's pain was reduced on the current medication regimen that included Norco 10/325 mg from 10/10 without medication to 7/10 with medication. Regarding functional level, she was able to get dressed in the morning due to pain relief from medication whereas without medication, the injured worker reported that she would not be able to get out to bed. Addressing adverse effects, the treating physician documented that the medications were "all in all well tolerated." In regards to evaluation for aberrant behavior, the treating physician stated that the injured worker "is always current and consistent with all her testing which need not be repeated at this time.... Her CURES and her medication agreement are all up-to-date." There is documentation that the injured worker has moderate to severe chronic pain over the lower back and gluteal area that occurs persistently. Since there is sufficient documentation addressing the 4 A's for ongoing monitoring and since the injured worker has documented improvement in pain and function, the prescription for Norco 10/325mg #240 with 1 refill is medically necessary.

**Gabapentin 600mg #90 with 4 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic Pain Medicines Page(s): 16-18.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Gabapentin, an anti-epileptic medication, can be considered as a first-line treatment option for neuropathic pain. The guidelines state that a "moderate" response to the use of anti-epileptic drugs has been defined as a 30% reduction in pain. It has been reported that a 30% reduction in pain is clinically important to patients when considering whether the medication should be continued. In the

progress report dated 2/10/2014 there was documentation of both pain relief and improvement in function reported by the injured worker as well as documentation of lack of significant side effects incurred with use of Gabapentin. The injured worker reports pain reduction from 10/10 without her medications to 7/10 with the use of her medications. The report states that the medications are "all in all" well tolerated. The guidelines state that the continued use of Gabapentin depends on improved outcomes versus tolerability of adverse effects. Based on the guidelines, there is sufficient documentation to support to continuation of Gabapentin at this time. Therefore Gabapentin 600mg #90 with 4 refills is medically necessary.

**Baclofen 10mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states the following regarding muscle relaxants: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. " However, Baclofen is among the drugs with the most limited published evidence in terms of clinical effectiveness. Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries but has also been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). The listed side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. Baclofen should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). In the progress report dated 2/10/2014, the injured worker was diagnosed with muscle spasms but not related to muscle sclerosis or spinal cord injury. The treating physician documents that the injured worker was taking Baclofen 10mg regularly one in the morning, one at noon, and two at night for spasms. The recommended use of muscle relaxants in general is for short-term treatment of acute exacerbations. Furthermore if a muscle relaxant is to be used, a non-sedating one is recommended. Sedation is a listed side effect for Baclofen. Based on the guidelines, Baclofen 10mg #120 with 1 refill is not medically necessary.

**Repeat Bilateral Sacroiliac Joint Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Blocks.

**Decision rationale:** The California Medical Treatment and Utilization Schedule and ACOEM are silent regarding sacroiliac joint injections, therefore the Official Disability Guidelines Chapter on Hip and Pelvis are consulted. The following criteria is cited: "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above); 2. Diagnostic evaluation must first address any other possible pain generators; 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management; 4. Blocks are performed under fluoroscopy. (Hansen, 2003); 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed; 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period." Based on the documentation, the injured worker does not meet the criteria for repeat bilateral SI joint injections. The physical exam does not document at least 3 positive findings, there is no documentation that the injured worker had tried and failed the listed aggressive conservative therapy prior to this request, and previous injections did not provide sufficient relief. The treating physician documented in the progress report on 2/10/2014 that the injured worker had SI joint injections almost 2 years before. It was documented that "she had really good responses to bilateral SI joint injections in the past, in the form of four months of only about 20% relief." Therefore based on the guidelines, Repeat Bilateral Sacroiliac Joint Injections are not medically necessary at this time.