

<b>Case Number:</b>	CM14-0033032		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 35 year old male who reported an injury on 12/18/2012 of unknown mechanism. The clinical note dated 10/31/2013 indicated diagnoses of lumbar facet joint pain at L3-L5, lumbar facet joint arthropathy, bilateral sacroiliac joint pain, sacroilitis, central herniated disc protrusion, mild bilateral facet joint hypertrophy at the L4-L5; moderate right and mild left foraminal narrowing with partial effacement of the right perineural fat, moderate right and mild left foraminal, lumbar degenerative disc disease and lumbar sprain/strain. The injured worker reported bilateral low back pain that radiated to the buttocks with the right side more painful than the left. The injured worker was status-post flurosopocically-guided diagnostic bilateral sacroiliac joint injection dated 10/18/2013 with no pain relief. The injured worker reported bending, twisting, lifting, prolonged standing and walking as factors that exacerbated his pain. Standing supine alleviated his pain. On physical exam, there was tenderness to palpation of the bilateral sacroiliac joints and lumbar paraspinal muscles overlying bilateral L3-S1 facet joints. The lumbar range of motion was restricted by pain all directions. The lumbar extension was worse than the lumbar flexion. The sacroiliac maneuvers to include Gaensen's, Petrick's maneuver, Yeoman's and pressure at the sacral sulcus were positive bilaterally. Muscle strength was 5/5 in all extremities. Sensation was intact. The medication regimen included Tizanidine, Gabapentin, Tramadol, Zolof, Protonix, Lisinopril, Percocet, Lidoderm, Lorazepam and Claritin. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 600MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

**Decision rationale:** The request for Gabapentin 600MG #90 is non-certified. The injured worker was diagnosed with of lumbar facet joint pain at L3-L5, lumbar facet joint arthropathy, bilateral sacroiliac joint pain, sacroilitis , central herniated disc protrusion, mild bilateral facet joint hypertrophy at the L4-L5; moderate right and mild left foraminal narrowing with partial effacement of the right perineural fat, moderate right and mil left foraminal, lumbar degenerative disc disease and lumbar sprain/strain. The California Chronic Pain Medical Treatment Guidelines state Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpatic neuralgia and has been considered as a first-line treatment for neuropathic pain. The injured workers Muscle strength is 5/5 and sensation is intact. It did not appear the injured worker had a diagnosis for which the medication is indicated. The efficacy of the medication was unclear within the provided documentation. In addition, the request does not provide a frequency for the medication. Therefore, The request Gabapentin 600MG #90 is not medically necessary.

**OXYCODONE 10/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids.

**Decision rationale:** The request for Oxycodone 10/325mg #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Oxycodone is considered a second line treatment for a number of reasons long-term safety has not been systematically studied and opioid use is associated with misuse/abuse. The guidelines also recommend the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The records do not indicate an increased level of functionality or improved quality of life with the Oxycodone and the lowest dose of Oxycodone is 2.5/325. Furthermore, the request does not provide a frequency for the medication. There is a lack of documentation of a narcotic contract in the records and there is also no evidence of adverse side effects, or lack thereof, addressed with the injured worker withiin the records. As such, the request for Oxycodone 10/325MG #60 is not medically necessary.

**BACLOFEN 10MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle Relaxant.

**Decision rationale:** The request for Baclofen 10mg #60 is not medically necessary. The injured worker reported bilateral low back pain that radiated to the buttocks with the right side more painful than the left. The California Chronic Pain Medical Treatment Guidelines indicated Baclofen is used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries. There is lack of evidence in the records to indicate the injured worker had cerebral palsy, multiple sclerosis or a spinal cord injury, furthermore, the request does not provide a frequency for the medication. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for Baclofen 10mg #60 is not medically necessary.