

<b>Case Number:</b>	CM14-0039099		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/11/2008
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

This injured worker is a 60-year-old male with a 3/11/2008 date of injury. A specific mechanism of injury was not described. A 3/25/14 utilization review determination was modified. Norco was decreased from 60 pills to 45, Baclofen from 60 to 30 capsules, and Neurontin from 90 to 30 capsules. The reasons given for modification included: no subjective and functional improvement from opioids, the patient's pain cycle was chronic and not paroxysmal with no indication for the need of Baclofen, and no improvement with the use of Neurontin. Progress reports dated 6/25/14, 6/19/14, 5/22/14, 4/22/14, and 3/21/14 identified low back pain with bilateral lower extremity poking sensation in the inner thigh, extreme temperature changes, coldness, severe numbness, positive tingling, positive weakness, heaviness, mild spasm, and right foot drop with prolonged standing. The patient stated that the low back pain was becoming worse, making it difficult to perform activities of daily living (ADLs). His pain level was rated at 6-7/10. The patient was taking multiple medications with no advantage. The patient stated that his depression was getting worse, but he denied any suicidal ideation. Requests were made for a right transforaminal epidural steroid injection (ESI), and medications were refilled. An electrodiagnostic study report dated 10/22/13 revealed mild acute L5 and S1 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation article Opioid Therapy for Chronic Pain, Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411; and on the Non-MTUS website [http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf).

**Decision rationale:** The patient has chronic back pain with radicular symptoms, which are managed with opioids. However, given the 2008 date of injury, the duration of opiate use to date was not clear. There was no discussion regarding endpoints of treatment. As the patient indicated no pain relief from medications, there was no evidence provided of ongoing efficacy such as measurable subjective and/or functional benefit with prior use. Records also do not document current urine drug testing, a risk assessment profile, attempts at weaning/tapering, or an updated and signed pain contract between the provider and claimant. Although opiates may be appropriate, additional information would be necessary to support their use, as the MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. The request as presented was not medically necessary.

**Baclofen tablets 20mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in terms of pain and overall improvement. The patient's complaints are chronic in nature. There is no indication of acute muscle spasms for which a short course of Baclofen might be indicated. There is no efficacy documented with the use of this medication. There is also no rationale offered for the necessity of long-term use. In light of these things, the request as presented is not medically necessary.

**Neurontin capsules 300mg #90:** 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 Page(s): 16-17.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and is considered a first-line treatment for neuropathic pain. The patient has neuropathic pain. It was also noted that a request was being made for an epidural injection to address the radicular symptoms. Although there was an indication of no pain relief with medications, in light of the non-certification of the additional medications requested, it would be reasonable to continue Neurontin for the patient's neuropathic pain until an updated treatment plan can be presented. The medical necessity for continuation of Neurontin was substantiated.