

<b>Case Number:</b>	CM14-0040431		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 42-year-old female who reported an injury on 06/05/2012. The mechanism of injury was not provided. The DWC Form RFA was submitted on 03/19/2014 requested baclofen 10 mg, #30 with 1 refill; Vicodin 5/300 mg, #30 with 1 refill; Cymbalta 30 mg, #30 with 1 refill; and gabapentin 300 mg, #30 with 1 refill. The visit note dated 03/12/2014 indicated the injured worker had complaints of right ankle pain that she reported had increased since the previous visit. The injured worker reported her quality of sleep was fair. The injured worker reported her activity level had decreased. The injured worker's medication regimen included Vicodin 5/300 mg once daily as needed, gabapentin 300 mg at bedtime as needed, baclofen 10 mg daily as needed, Cymbalta 30 mg daily, ibuprofen 800 mg every 4 to 6 hours as needed for pain, and lisinopril/hydrochlorothiazide 10/12.5 mg daily. The physician indicated that with medications, the injured worker was able to stand and walk 30 to 45 minutes with less pain. Without medications, the injured worker was able to stand or walk for around 10 minutes. The injured worker was noted to have a slowed right sided push off antalgic gait. The physician indicated that he had previously attempted weaning medications without benefit. It was noted the injured worker's pain had increased substantially and her function had been decreased without medication. The physician indicated that Cymbalta 30 mg daily was prescribed for chronic musculoskeletal pain and for depression related to pain as an adjunctive medication. Vicodin 5/300 mg was prescribed to be taken as needed; it was noted that the medication usually lasted the injured worker several months. The physician indicated that the injured worker had been exercising more and being "out and about" and the Vicodin helped her to do this while keeping her pain at a tolerable level. The physician indicated the gabapentin was prescribed for foot nerve pain and the injured worker used it with excellent relief. The physician indicated that

baclofen was prescribed for muscle spasm. The physician indicated that the injured worker was stable on her current medication regimen and it had not changed in greater than 6 months. It was noted that the injured worker's previous conservative care included pain coping skills group.

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

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

**Baclofen 10mg, #30 with 1 refill: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. In addition, the records submitted for review failed to include a rationale to necessitate a refill without out reevaluation. Furthermore, the request as it was submitted failed to include the frequency. Therefore, continued use of this medication would not be supported. Therefore, the request for Baclofen 10 mg, #30 with 1 refill is not medically necessary and appropriate.

**Vicodin 5/300mg, #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen- Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The records submitted for review failed to include documentation of a decrease in pain using the VAS. Furthermore, the records submitted for review failed to include documentation that the injured worker was being monitored for aberrant drug behavior. In addition, the records submitted for review failed to include documentation of the occurrence or nonoccurrence of side effects. In addition, the records submitted for review failed to include a rationale to necessitate a refill without out reevaluation. Furthermore, the request as it was submitted failed to include the frequency. Therefore, continued use of this medication would not be supported. Therefore, the request for Vicodin 5/300 mg, #30 with 1 refill is not medically necessary and appropriate.

**Cymbalta 30mg, #30 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include assessment and the changes in the use of other analgesic medication, sleep quality and duration, and psychological assessment. The records submitted for review failed to include documentation of a decrease in pain using the VAS. Furthermore, the records submitted for review failed to include documentation of improved sleep quality and duration. In addition, the records submitted for review failed to include documentation of a psychological assessment to show improvement. In addition, the records submitted for review failed to include a rationale to necessitate a refill without out reevaluation. Furthermore, the request as it was submitted failed to include a frequency. Therefore, the continued use of this medication would not be supported. Therefore, the request for Cymbalta 30 mg, #30 with 1 refill is not medically necessary and appropriate.

**Gabapentin 300mg, #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16, 17.

**Decision rationale:** The California MTUS Guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The records submitted for review failed to include documentation of a decrease in pain using the VAS. In addition, the records submitted for review failed to include a rationale to necessitate a refill without out reevaluation. Furthermore, the request as it was submitted failed to include the frequency. Therefore, continued use of this medication would not be supported. Given the above, the request for gabapentin 300 mg, #30 with 1 refill is not medically necessary and appropriate