

<b>Case Number:</b>	CM14-0202818		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	01/20/2006
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/20/06. She underwent a two level lumbar fusion in 2009 and continues to be treated for chronic radiating low back pain. A CT scan of the lumbar spine in August 2011 showed findings of an incomplete fusion at L5-S1. She was seen on 04/17/14. She had undergone a spinal cord stimulator trial in October 2012 with out improvement. Medications are referenced as effective and necessary. Pain was rated at 7-10/10. She was taking gabapentin 600 mg four times per day, Norco four times per day, and Soma 2-3 times per day. She had difficulty sleeping and symptoms of depression. Physical examination findings included an antalgic gait. She had right greater trochanter and right sacroiliac joint tenderness. There was decreased and painful lumbar spine range of motion with lumbar paraspinal tenderness. She had decreased right lower extremity strength. Norco 10/325 mg #180, gabapentin 600 mg #180, and Lidoderm were prescribed. On 07/10/14 she was having ongoing radiating symptoms. She had pain over the sacroiliac joints. Physical examination findings included lumbar paraspinal muscle spasm. There was decreased range of motion. She had right sacroiliac joint, buttock, and piriformis tenderness, and bilateral greater trochanteric tenderness. She had decreased lower extremity sensation with positive right straight leg raise. She was having constipation which had not responded to medications other than Amitiza with a partial response. Medications included Norco taken six times per day. Amitiza was prescribed. Authorization for a sacroiliac joint injection was requested. Urine drug screening was performed. On 10/31/14 there had been no improvement after a sacroiliac joint injection the two weeks before. Physical examination findings appear unchanged. There was consideration of an intrathecal opioid pump.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

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

**Decision rationale:** The injured worker is more than 8 years status post work-related injury and underwent a two level lumbar fusion in 2009. She continues to be treated for chronic radiating low back pain. Medications include gabapentin. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the injured worker's Gabapentin dosing is consistent with recommended guidelines. Therefore, the request for Gabapentin is medically necessary.

**Amitiza 24mcg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment

**Decision rationale:** The injured worker is more than 8 years status post work-related injury and underwent a two level lumbar fusion in 2009. She continues to be treated for chronic radiating low back pain. An intrathecal opioid pump is being considered. Oral medications include Opioids and she has Opioid induced constipation. Other medications are referenced as ineffective with a partial response to Amitiza. Guidelines recommend treatment due to Opioid-induced constipation which is a common adverse effect of long-term Opioid use and can be severe. In this case, the claimant has constipation due to opioids and other treatments have not been effective. Therefore, Amitiza is medically necessary.