

Case Number:	CM14-0203474		
Date Assigned:	12/16/2014	Date of Injury:	07/16/1995
Decision Date:	02/18/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 7/16/1995. Per primary treating physician's progress report dated 10/28/2014, the injured worker reports going back on opioid pain medications after it was the only medication insurance approved. She is frustrated because she has worked hard to get off opioid pain medications and had been off Oxycontin for almost 5 months. She wants to get back off the opiates. Her pain continues in her back and into her left leg. The pain is constant stabbing pain. Her pain without medication is 10/10 and with Oxycontin it is 4-5/10 and somewhat functional. On examination she appears to be in a moderate degree of pain. She is able to transfer and ambulate with a guarded posture. Her back range of motion reveals a flexion of 50 degrees and an extension of 10 degrees. She has fair range of motion and strength of her lower extremities. Diagnoses include 1) chronic low back sprain/strain 2) discogenic low back pain 3) degenerative joint disease of the lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg 300mg 3 times a day for 1 week then 2 tablets 3 times a day #180:

Overtuned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The requesting physician explains that medications are being started to assist with the weaning from treatment with Oxycontin. Neurontin is prescribed to treat neuropathic pain. Utilization review modified the request with the opinion that the requesting physician was titrating up the medication too quickly without reevaluating for side effects. The total amount of Neurontin that is prescribed is for a two week period. This titration of Neurontin is to minimize side effects, is reasonable and within the recommendations of the MTUS Guidelines. The request for Neurontin 300 Milligrams 3 Times a Day for 1 Week Then 2 Tablets 3 Times a Day #180 is determined to be medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Weaning of medications sections Page(s): (s) 63-64 and 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The injured worker has been injured for over 19 years. She does not suffer from spasticity related to multiple sclerosis or spinal cord injury. Chronic use of Baclofen for this injured worker is not

supported by the MTUS Guidelines. The request for Baclofen 10mg #90 is determined to not be medically necessary.