

<b>Case Number:</b>	CM15-0004371		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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:

The injured worker is a 45 year old male who sustained an industrial injury on 05/04/2009. The injured worker continues with low back pain and spasms. Diagnoses include low back pain, thoracic pain, and lumbar radiculopathy. Treatment to date has included medications, lumbar epidural steroid injections, physical therapy, acupuncture and chiropractic sessions. A physical progress note dated 12/10/2014 documents the injured worker report increased pain since last visit. With medication pain is 4 on a scale of 1 to 10. The injured worker states pain medication is less effective. His pain is in the low and mid back with spasms. Thoracic spine hurts more than the lower back pain. Tenderness is present in paravertebral muscles of the thoracic and lumbar spine. Straight leg raising test is positive on the right side. The treating provider is requesting Baclofen 10mg #30, Gabapentin 300mg #90, and Norco 10/325mg #90. On 12/24/2014 the Utilization Review non-certified the request for Baclofen 10mg, # 30 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Norco 10/325mg #90 was non-certified on 12/24/2014 citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Gabapentin 300mg #90 was modified to Gabapentin 300mg, # 75 for weaning purposes, citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section Page(s): 63, 64.

**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 is chronically injured, and does not report any new injury or exacerbation. He reports that he has difficulty sleeping due to spasticity of his back muscles. He had used Baclofen previously. Medical necessity of this request, however, has not been established within the recommendations of the MTUS Guidelines. The request for Baclofen 10mg #30 is determined to not be medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section; Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker reports pain without medications is 4/10 and with medications 1/10, but also reports that medications are not as helpful as they were previously. The medical records do not indicate that the injured worker has objective functional improvement as a result of opioid pain management. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is determined to not be medically necessary.

**Gabapentin 300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section; Weaning of Medications section Page(s): 16-21, 124.

**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 injured worker reports that the gabapentin is helpful for his leg pain, however, leg pain is not addressed in the history and physical. Medications are noted to be less effective by the injured worker. Neuropathic pain and the outcomes with the use of gabapentin are not described within the recommendations of the MTUS Guidelines. Gabapentin should not be discontinued suddenly. Utilization review recommended partial certification to allow for weaning. The request for Gabapentin 300mg #90 is determined to not be medically necessary.