

<b>Case Number:</b>	CM15-0104902		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	07/08/1995
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Physical Medicine & Rehabilitation

### 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 61-year-old female, who sustained an industrial injury on July 8, 1995. The injured worker was diagnosed as having lumbar radiculopathy, low back pain, status post lumbar fusion, insomnia secondary to pain, and neuropathic pain. Treatment to date has included MRIs, lumbar fusion, and medication. Currently, the injured worker complains of persistent low back pain. The Primary Treating Physician's report dated March 24, 2015, noted the injured worker reported her pain as a 6/10 in severity. Physical examination was noted to show spasms in the lumbar paraspinal muscles, with stiffness and limited mobility in the lumbar spine, with the injured worker using a cane for ambulation. The treatment plan was noted to include prescriptions and requests for authorization for Baclofen, Norco, and Gabapentin, and a request for authorization for a random urine drug screen (UDS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random Urine drug screen, 2-3 times per year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient complains of persistent lower back pain, rated at 8/10, radiating to left lower extremity, as per progress report dated 04/22/15. The request is for RANDOM URINE DRUG SCREEN, 2-3 TIMES A YEAR. The RFA for this case is dated 05/05/15, and the patient's date of injury is 07/09/95. Diagnoses, as per progress report dated 04/22/15, included lumbar radiculopathy, low back pain, insomnia and neuropathic pain. The patient is status post lumbar fusion. Prescribed medications included Norco and Baclofen. The patient has been allowed to return to modified work, as per the same progress report. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the request for UDS is noted in progress report dated 03/24/15. The treater states that 2-3 random UDS will help to "monitor the prescription medication intake and to make sure there are no illicit substances the combination of which his [is] not only illegal but dangerous." The patient is taking Norco for pain relief. The treating physician, however, does not discuss the patient's opioid dependence risk and the reason for such frequent screening. MTUS only supports annual urine toxicology tests in low-risk patients. Hence, the request IS NOT medically necessary.

**Gabapentin 600 mg Qty 60, 2 tablets by mouth every night:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

**Decision rationale:** The patient complains of persistent lower back pain, rated at 8/10, radiating to left lower extremity, as per progress report dated 04/22/15. The request is for GABAPENTIN 600 mg QTY 60, 2 TABLETS BY MOUTH EVERY NIGHT. The RFA for this case is dated 05/05/15, and the patient's date of injury is 07/09/95. Diagnoses, as per progress report dated 04/22/15, included lumbar radiculopathy, low back pain, insomnia and neuropathic pain. The patient is status post lumbar fusion. Prescribed medications included Norco and Baclofen. The patient has been allowed to return to modified work, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone", generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In

this case, a prescription for Gabapentin 600 mg is first noted in progress report dated 12/19/15, and the patient has been taking the medication at least since then. The patient has been diagnosed with lumbar radiculopathy and neuropathic pain for which the medication is indicated. In progress report dated 03/24/15, the treater states that "She is benefiting from combination of medications. Gabapentin helps for neuropathic pain, hydrocodone helps for overall pain. Without medications she notices increased pain associated with frequent flare ups. Medications keep her functional." In progress report dated 04/22/15, the treater states that "without medications she has to go to emergency room for flare ups." Given the neuropathic pain and documentation of efficacy, the request is reasonable and IS medically necessary.

**Norco 10/325 mg Qty 120, every 6 hrs as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient complains of persistent lower back pain, rated at 8/10, radiating to left lower extremity, as per progress report dated 04/22/15. The request is for NORCO 10/325 mg QTY 120, EVERY 6 HRS AS NEEDED. The RFA for this case is dated 05/05/15, and the patient's date of injury is 07/09/95. Diagnoses, as per progress report dated 04/22/15, included lumbar radiculopathy, low back pain, insomnia and neuropathic pain. The patient is status post lumbar fusion. Prescribed medications included Norco and Baclofen. The patient has been allowed to return to modified work, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In this case, the patient has been taking Norco at least since 11/19/14 for "breakthrough pain." In progress report dated 03/24/15, the treater states, "She is benefiting from combination of medications. Gabapentin helps for neuropathic pain, hydrocodone helps for overall pain. Without medications, she notices increased pain associated with frequent flare-ups. Medications keep her functional." In progress report dated 04/22/15, the treater states, "without medications she has to go to emergency room for flare ups." The treater, however, does not use a pain scale to indicate before and after use analgesia nor does the treater provide examples of ADLs that indicate improvement in function. No UDS and CURES reports are available for review. The treater does not discuss the side effects of Norco as well. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Hence, this request IS NOT medically necessary.

**Baclofen 10 mg Qty 30, by mouth every night: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

**Decision rationale:** The patient complains of persistent lower back pain, rated at 8/10, radiating to left lower extremity, as per progress report dated 04/22/15. The request is for BACLOFEN 10 mg QTY 30, BY MOUTH EVERY NIGHT. The RFA for this case is dated 05/05/15, and the patient's date of injury is 07/09/95. Diagnoses, as per progress report dated 04/22/15, included lumbar radiculopathy, low back pain, insomnia and neurotic pain. The patient is status post lumbar fusion. Prescribed medications included Norco and Baclofen. The patient has been allowed to return to modified work, as per the same progress report. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." In this case, the use of Baclofen is only documented in progress report dated 04/22/15. Prior progress report dated 12/19/15 documented the use of Flexeril for "spasms and pain." The treater does not discuss efficacy in terms of reduction in pain and improvement in function. Additionally, Baclofen is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. Hence, this request IS NOT medically necessary.

**Gabapentin 300 mg Qty 30 by mouth every morning:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

**Decision rationale:** The patient complains of persistent lower back pain, rated at 8/10, radiating to left lower extremity, as per progress report dated 04/22/15. The request is for GABAPENTIN 300 mg QTY 30, BY MOUTH EVERY MORNING. The RFA for this case is dated 05/05/15, and the patient's date of injury is 07/09/95. Diagnoses, as per progress report dated 04/22/15, included lumbar radiculopathy, low back pain, insomnia and neuropathic pain. The patient is status post lumbar fusion. Prescribed medications included Norco and Baclofen. The patient has been allowed to return to modified work, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In

this case, a prescription for Gabapentin 300 mg is first noted in progress report dated 12/19/15, and the patient has been taking the medication since then. The patient has been diagnosed with lumbar radiculopathy and neuropathic pain for which the medication is indicated. In progress report dated 03/24/15, the treater states, "She is benefiting from combination of medications. Gabapentin helps for neuropathic pain, hydrocodone helps for overall pain. Without medications, she notices increased pain associated with frequent flare ups. Medications keep her functional." In progress report dated 04/22/15, the treater states, "without medications she has to go to emergency room for flare ups." Given the neuropathic pain and documentation of efficacy, the request is reasonable and IS medically necessary.