

<b>Case Number:</b>	CM15-0166688		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, South Carolina

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

### 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 60 year old male who sustained an industrial injury on April 16, 2013, incurred low back injuries after a fall. He was diagnosed with lumbar degenerative disc disease with disc bulging, lumbar strain, and lumbar radiculopathy. Computed tomography of the lumbar spine revealed severe loss of disc space and disc bulging. Treatment included pain medications, muscle relaxants, lumbar epidural steroid injection, physical therapy, home exercise program, and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities. He noted limited range of motion of the lower spine interfering with his activities of daily living. The treatment plan requested authorizations for a prescription of gabapentin 300 mg #90 and a prescription of baclofen 10 mg #60, which was non-certified by Utilization Review on August 18, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Gabapentin 300mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the cited MTUS, antiepilepsy drugs (AEDs), such as Gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, he has had no documented reduction in pain on the visual analog scale or improvement in function specific to the use of Gabapentin. In addition, he had been previously weaned of the medication in two prior Utilization Reviews. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of Gabapentin in the case of this injured worker. Therefore, Gabapentin 300 mg, #90, is not medically necessary and appropriate.

**1 Prescription of Baclofen 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per the CA MTUS, muscle relaxants for pain, such as baclofen, are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs available. In addition, it is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Based on the available medical records for the injured worker, his low back pain is chronic and he does not have multiple sclerosis or a spinal cord injury. In addition, he had been advised previously to begin weaning baclofen on February 26, 2015, and the most recent note from July 22, 2015 did not document muscle spasm, decreased pain scores, or increased objective functional improvement. Therefore, based on the MTUS guidelines, the request for baclofen 10 mg #60 is not medically necessary or appropriate.