

<b>Case Number:</b>	CM15-0192370		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 53 year old female injured worker suffered an industrial injury on 1-29-2008. The diagnoses included degeneration of the cervical and lumbar spine. On 8-26-2015, the provider noted back pain, knee pain, wrist pain and spasms. On 9-10-2015, the treating provider reported chronic low back pain, lower extremity radicular symptoms, and regional myofascial pain and sleep and mood disorder. She reported disabling pain, mood changes and insomnia. She was also using Tramadol and Ketorolac. The provider reported she remained symptomatic with quite limited in function and activity tolerance. On exam there was kyphotic posture requiring verbal cuing. The physical exam did not include specific clinical indications for the requested treatments. Prior treatment included physical therapy, pain psychology, lumbar epidural steroid injection and medication. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. The requested treatments were in use at least since 8-26-2015. The Utilization Review on 9-29-2015 determined non-certification for Baclofen 10mg #90 DOS: 9/10/15 DS: 30 and Gabapentin 300mg #60 DOS: 9/10/15 DS: 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90 DOS: 9/10/15 DS: 30: Upheld**

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

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

**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. In this case, the injured worker has chronic pain with no evidence of acute spasm, therefore, the request for Baclofen 10mg #90 DOS: 9/10/15 DS: 30 is not medically necessary.

**Gabapentin 300mg #60 DOS: 9/10/15 DS: 30: Upheld**

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

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

**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 post herpetic 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 post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In this case, there is a lack of objective evidence of significant pain reduction or functional improvement, therefore, the request for Gabapentin 300mg #60 DOS: 9/10/15 DS: 30 is not medically necessary.