

<b>Case Number:</b>	CM15-0193604		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Emergency 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:

This is a 49 year old male who sustained a work-related injury on 6-10-14. Medical record documentation on 8-10-15 revealed the injured worker received a physical medicine and rehabilitation initial consultation and consideration for further treatment. He had C6-C7 anterior discectomy and anterior cervical foraminotomy with C6-7 arthrodesis and fusion on 12-4-14 with residual pain and weakness. He reported neck pain with radiation of pain to the left arm and hand. He rated his pain a 5 on a 10-point scale without medications and a 2 on a 10-point scale with lying down and medications. Objective findings included cervical flexion to 45 degrees, extension to 45 degrees, right lateral flexion to 45 degrees, left lateral flexion to 30 degrees and bilateral rotation to 50 degrees. He had tenderness to palpation over the left C5-6 spinous process and paraspinals. He had decreased sensation to pinprick over the left thumb and fifth finger. His medication regimen included gabapentin 600 mg (since at least 8-2-14), baclofen 10 mg (since at least 8-2-14), Norco 5-325 mg and Ibuprofen 600 mg. On 8-31-15, the Utilization Review physician determined Norco 10-325 mg for moderate to severe pain #60, Baclofen 10 mg for spasms #120, and gabapentin 600 mg for neuropathic pain #90 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg for moderate to severe pain, #60 1 tablet by mouth every 12 hours as needed: Upheld**

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

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

**Decision rationale:** The requested Norco 10/325mg for moderate to severe pain, #60 1 tablet by mouth every 12 hours as needed, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation of pain to the left arm and hand. He rated his pain a 5 on a 10-point scale without medications and a 2 on a 10-point scale with lying down and medications. Objective findings included cervical flexion to 45 degrees, extension to 45 degrees, right lateral flexion to 45 degrees, left lateral flexion to 30 degrees and bilateral rotation to 50 degrees. He had tenderness to palpation over the left C5-6 spinous process and paraspinals. He had decreased sensation to pinprick over the left thumb and fifth finger. His medication regimen included gabapentin 600 mg (since at least 8-2-14), baclofen 10 mg (since at least 8-2-14), Norco 5-325 mg and Ibuprofen 600 mg. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg for moderate to severe pain, #60 1 tablet by mouth every 12 hours as needed is not medically necessary.

**Baclofen 10mg for spasms #120, 1 tablet every 6 hours as needed: 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:** The requested Baclofen 10mg for spasms #120, 1 tablet every 6 hours as needed, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain with radiation of pain to the left arm and hand. He rated his pain a 5 on a 10-point scale without medications and a 2 on a 10-point scale with lying down and medications. Objective findings included cervical flexion to 45 degrees, extension to 45 degrees, right lateral flexion to 45 degrees, left lateral flexion to 30 degrees and bilateral rotation to 50 degrees. He had tenderness to palpation over the left C5-6 spinous process and paraspinals. He

had decreased sensation to pinprick over the left thumb and fifth finger. His medication regimen included gabapentin 600 mg (since at least 8-2-14), baclofen 10 mg (since at least 8-2-14), Norco 5-325 mg and Ibuprofen 600 mg. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Baclofen 10mg for spasms #120, 1 tablet every 6 hours as needed is not medically necessary.

**Gabapentin 600mg for neuropathic pain #90, 1 tablet by mouth 3 times daily: Upheld**

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

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

**Decision rationale:** The requested Gabapentin 600mg for neuropathic pain #90, 1 tablet by mouth 3 times daily, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has neck pain with radiation of pain to the left arm and hand. He rated his pain a 5 on a 10-point scale without medications and a 2 on a 10-point scale with lying down and medications. Objective findings included cervical flexion to 45 degrees, extension to 45 degrees, right lateral flexion to 45 degrees, left lateral flexion to 30 degrees and bilateral rotation to 50 degrees. He had tenderness to palpation over the left C5-6 spinous process and paraspinals. He had decreased sensation to pinprick over the left thumb and fifth finger. His medication regimen included gabapentin 600 mg (since at least 8-2-14), baclofen 10 mg (since at least 8-2-14), Norco 5-325 mg and Ibuprofen 600 mg. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 600mg for neuropathic pain #90, 1 tablet by mouth 3 times daily is not medically necessary.