

<b>Case Number:</b>	CM15-0205932		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/04/2000
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York, Tennessee  
 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:

The injured worker is a 52 year old female who sustained an industrial injury on 11-4-00. A review of the medical records indicates she is undergoing treatment for chronic pain syndrome, lumbago, other pain disorder related to psychological factors, and pain in the thoracic spine. Medical records (3-8-15, 6-30-15, 8-21-15, and 10-2-15) indicate ongoing complaints of low back pain. The 3-8-15 record indicates "shooting pain down the back of the legs and calves to the bottom of both feet". She has rated her pain "6-7 out of 10". The 10-2-15 record indicates a pain rating of "6 out of 10" on the left side and "2 out of 10" on the right side. The objective findings (7-28-15, 8-21-15, and 10-2-15) indicate "straight leg raising test is positive on both sides in sitting at 30 degrees". Diagnostic studies have included urine drug screening and an MRI of the lumbar spine. Treatment has included trigger point injections for lumbar spasms, bilateral L3, 4, and 5 medial branch blocks with 80% relief of pain, right L3 and L4 radiofrequency ablation with "greater than 80%" relief of pain, and medications. Her medications include Zaleplon, Topamax, Baclofen, Flector patch, Gabapentin, and Zofran. She has been receiving Baclofen and Gabapentin since, at least, 3-8-15. The utilization review (10-12-15) includes requests for authorization of Gabapentin 600mg at bedtime (no quantity provided), Gabapentin 100mg twice a day (no quantity provided), and Baclofen 10mg as needed (no quantity provided). The Gabapentin 600mg at bedtime was modified to a one month supply, Gabapentin 100mg twice a day was modified to a one month supply, and Baclofen 10mg as needed was modified to a quantity of 20.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg at bedtime (quantity not provided): 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:** Gabapentin is an anti-epileptic medication. 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 and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient has been taking Gabapentin since at least March 2015 and has not obtained analgesia. Switch to another first-line drug is recommended. The request should not be medically necessary.

**Gabapentin 100mg twice a day (quantity not provided): 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:** Gabapentin is an anti-epileptic medication. 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 and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient has been taking Gabapentin since at least March 2015 and has not obtained analgesia. Switch to another first-line drug is recommended. The request should not be medically necessary.

**Baclofen 10mg as needed (quantity not provided): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Pain Procedure Summary, Non-Sedating Muscle Relaxants.

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

**Decision rationale:** Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case the patient does not have multiple sclerosis or spinal cord injury. There is no documentation of muscle spasm. Medical necessity is not supported by the documentation in the medical record. The request should not be medically necessary.