

Case Number:	CM15-0218631		
Date Assigned:	11/10/2015	Date of Injury:	08/14/2014
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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 male who sustained an industrial injury on 08-14-2014. Medical records indicated the worker was treated for lumbar strain, numbness on the right side, clonus, and lumbar radiculopathy. In the provider notes of 10-02-2015, the injured worker complains of low back pain with pain radiating into the leg. His symptoms are worse at night. He had tenderness of the lumbar spine, and 3-4 beats clonus bilaterally. Knee jerks are 2+. Medications included Tramadol. On examination of 09-18-2015, he had sharp constant pain in the right low back and right lower limb that was exacerbated by bending, lifting, walking and lying down. The quality was sharp, the location was right lower back, and the duration was constant. He rated it a 2-6 on a scale of 0-10. Medications included Neurontin and Lioresal. A request for authorization was submitted for; 1. Gabapentin (Neurontin) 300mg #60 with 1 Refill. 2. Baclofen (Lioresal) 10mg #60 with 2 Refills. A utilization review decision 10-09-2015 non-approved the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (Neurontin) 300mg #60 with 1 Refill: 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 patient was injured on 08/14/14 and presents with low back pain. The request is for Gabapentin (Neurontin) 300mg #60 with 1 Refill. There is no RFA provided and the patient is on modified work duty with no pushing, pulling, or lifting over 10 pounds. The patient has been taking this medication as early as 09/18/15. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "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." The patient is diagnosed with lumbar strain, numbness on the right side, clonus, and lumbar radiculopathy. The treater does not specifically discuss efficacy of Gabapentin on the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.

Baclofen (Lioresal) 10mg #60 with 2 Refills: 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 patient was injured on 08/14/14 and presents with low back pain. The request is for Baclofen (Lioresal) 10mg #60 with 2 Refills. There is no RFA provided and the patient is on modified work duty with no pushing, pulling, or lifting over 10 pounds. The patient has been taking this medication as early as 09/18/15. 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 and pain and overall improvement. Also, there is no additional benefit shown in combination with the 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." The patient is diagnosed with lumbar strain, numbness on the right side, clonus, and lumbar radiculopathy. Based on the guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The current request is for 60 tablets of baclofen with 2 refills. There is no indication if this medication will be used on a short-term basis. Therefore, the requested Baclofen IS NOT medically necessary.