

Case Number:	CM15-0223634		
Date Assigned:	11/19/2015	Date of Injury:	02/28/2011
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/13/2015

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 52 year old male, who sustained an industrial injury on 2-28-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain and left radiculopathy. On 9-24-2015, the injured worker reported chronic back pain with increasing low back pain with left lower extremity symptomatology, now using a scooter to get around at stores, noting his daily activities and routines were the same. The Treating Physician's report dated 9-24-2015, noted the injured worker had concerns that the left thigh seemed to be quite a bit smaller than the right thigh. The Physician noted the injured worker was hoping to have some modification to his medications, possibly taking an additional Hydrocodone, to try to increase his physical function despite his pain. The physical examination was noted to show increased sensitivity to palpation about the midline and paraspinous musculature and muscle wasting of the thigh on the left as compared to the right. Prior treatments have included spinal injections. The treatment plan was noted to include an additional Norco a day, Baclofen, and Gabapentin, all prescribed since at least 2-26-2015, and a request for a consultation with another provider for chronic opioid therapy. The injured worker's work status was noted to be not currently working, remaining permanent and stationary. The request for authorization was noted to have requested 1 prescription for Gabapentin 300 mg #90, 1 prescription for Norco 10-325 mg #150, and 1 prescription for Baclofen 10 mg #120. The Utilization Review (UR) dated 10-23-2015, modified the request for 1 prescription for Norco 10- 325mg #150 to certify #120 and non-certify the remaining #30 pills, and non-certified the requests for 1 prescription for Gabapentin 300 mg #90 and 1 prescription for Baclofen 10 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Gabapentin 300 mg #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: The 52 year old patient complains of low back pain and left lower extremity symptomology, as per progress report dated 09/24/15. The request is for 1 prescription for Gabapentin 300 mg #90. There is no RFA for this case, and the patient's date of injury is 02/28/11. Diagnoses, as per progress report dated 09/24/15, included chronic low back pain and left radiculopathy. Medications included Norco, Gabapentin and Baclofen. The patient is on Social Security Disability, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009 has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section: "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." In this case, Gabapentin is first noted in progress report dated 02/07/13. As per progress report dated 07/24/15, medications help to modulate the pain so that he can at least be somewhat reasonably functional during the daytime. The patient has not noticed any side effects. Gabapentin appears to be part of a medication regimen that is helping the patient to some extent. However, there is no diagnoses of neuropathic pain for which Gabapentin is indicated. Hence, the request is not medically necessary.

1 prescription for Norco 10/325 mg #150: Upheld

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

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

Decision rationale: The 52 year old patient complains of low back pain and left lower extremity symptomology, as per progress report dated 09/24/15. The request is for 1 prescription for Norco 10/325 mg #150. There is no RFA for this case, and the patient's date of injury is 02/28/11. Diagnoses, as per progress report dated 09/24/15, included chronic low back pain and left radiculopathy. Medications included Norco, Gabapentin and Baclofen. The patient is on Social Security Disability, as per the same progress report. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be

measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 02/01/12. It is not clear when the opioid was initiated. In progress report dated 09/24/15, the treater states that the patient is hoping that there might be some modifications to his medications, possibly taking an additional hydrocodone, so that he can try to increase his physical function despite his pain. In the same report, the treater is requesting a consult with [REDACTED] for chronic opioid therapy as the patient is struggling with his current level of pain management and that he is on chronic opioid therapy. As per progress report dated 07/24/15, medications help to modulate the pain so that he can at least be somewhat reasonably functional during the daytime. The patient has not noticed any side effects. As per the same report, the patient is on chronic opioid therapy and is stable. In progress report dated 05/28/15, the treater states that the UDS was positive for opioids. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater describe objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES reports were provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Additionally, MTUS p80,81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request is not medically necessary.

1 prescription for Baclofen 10 mg #120: 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 52 year old patient complains of low back pain and left lower extremity symptomology, as per progress report dated 09/24/15. The request is for 1 prescription for

Baclofen 10 mg #120. There is no RFA for this case, and the patient's date of injury is 02/28/11. Diagnoses, as per progress report dated 09/24/15, included chronic low back pain and left radiculopathy. Medications included Norco, Gabapentin and Baclofen. The patient is on Social Security Disability, as per the same progress report. MTUS Chronic Pain Guidelines 2009, page 63 and Muscle Relaxants (for pain) section, state: 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 in pain and overall improvement. Also there is no additional benefit shown in combination with 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. In this case, Baclofen is first noted in progress report dated 02/01/12. It is not clear when the muscle relaxant was prescribed. As per progress report dated 07/24/15, medications help to modulate the pain so that he can at least be somewhat reasonably functional during the daytime. The patient has not noticed any side effects. Baclofen appears to be part of a medication regimen that is helping the patient to some extent. MTUS guidelines, however, do not support long-term use of such muscle relaxants. Additionally, Baclofen is one of the muscle relaxants with most limited published evidence in terms of clinical effectiveness. Hence, the request is not medically necessary.