

Case Number:	CM15-0224587		
Date Assigned:	11/23/2015	Date of Injury:	08/10/1996
Decision Date:	12/31/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/16/2015

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 55 year old female who sustained an industrial injury on 8-10-1996. A review of medical records indicates the injured worker is being treated for chronic pain syndrome involving the lumbar spine, right shoulder, and bilateral wrists and hands, lumbar degenerative disc disease, status post L5-S1 discectomy and laminectomy, chronic low back pain, bilateral lumbosacral radiculitis, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, and right shoulder impingement syndrome. Medical records dated 10-8-2015 noted constant low back pain with radicular symptoms to her lower extremities. She had a 50 % reduction in pain and spasm with medications and rates her pain 4 out of 10 with medications. Pain was the same with medications since the last visit. Physical examination noted tenderness to the lumbar spine. Motor testing in the lower extremities was limited with bilateral hip flexion secondary to pain and guarding. Treatment has included Baclofen since at least 4-29- 2015 and Neurontin since at least 8-4-2014. Utilization review form dated 10-29-2015 noncertified Neurontin 600mg #90 and Baclofen 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90 with 3 refills: Overturned

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 current request is for NEURONTIN 600MG #90 WITH 3 REFILLS. Treatment history include L5-S1 discectomy, bilateral carpal tunnel release, physical therapy, and medications. The patient is not working. MTUS Guidelines, Gabapentin section on pages 18, 19 has the following: Gabapentin (Neurontin, Gabarone, generic available) 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. Per report 1/08/15, the patient presents with constant low back pain with radicular symptoms to her lower extremities. Current medications include Baclofen, Phenergan, Norco, Zocor, Prilosec, and Neurontin. She has a 50% reduction in pain and spasm with medications. She describes her pain as 8/10 without medications, and 4/10 with medications. The effect lasts for about five hours, and she noted no side effects. Treatment plan is for the patient to continue her current medication regimen. This patient has been successfully utilizing Neurontin for her radicular symptoms down the lower extremities. Given the conservative nature of this medication and the documentation of medication efficacy, continuation is supported. Therefore, the request IS medically necessary.

Baclofen 10mg #60 with 1 refill: 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): Muscle relaxants (for pain).

Decision rationale: The current request is for NEURONTIN 600MG #90 WITH 3 REFILLS. Treatment history include L5-S1 discectomy, bilateral carpal tunnel release, physical therapy, and medications. The patient is not working. MTUS Guidelines, Muscle Relaxants for Pain Section, 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 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." Per report 1/08/15, the patient presents with constant low back pain with radicular symptoms to her lower extremities. Current medications include Baclofen, Phenergan, Norco, Zocor, Prilosec, and Neurontin. She has a 50% reduction in pain and spasm with medications. She describes her pain as 8/10 without medications, and 4/10 with medications. The effect lasts for about five hours, and she noted no side effects. MTUS guidelines do not support muscle relaxants such as Baclofen for long term use. Baclofen has been prescribed since at least 04/7/15, and the requested 60 tablets in addition to prior use does not imply short term therapy. Therefore, the request IS NOT medically necessary.