

<b>Case Number:</b>	CM14-0131293		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/08/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59 year-old patient sustained an injury on 5/8/06 while employed by [REDACTED]. Request(s) under consideration include Gabapentin 600mg #180 and 1 prescription for Baclofen 10mg #90. Diagnoses list Lumbago; lumbar facet arthropathy/ DDD/ postlaminectomy syndrome/ spinal stenosis. The patient was s/p right SI fusion on 8/5/14. The patient continues to treat for chronic back symptoms for this 2006 injury. Report of 7/31/14 from the provider noted the patient with ongoing low back pain rated at 6-7/10 associated with weakness. The patient noted sedation with Zanaflex and Soma and Flexeril was not effecting. Current medications list Voltaren gel, Gabapentin, Diazepam, Norco, Pepcid, and colace. Exam showed slow antalgic gait; decreased DTRs 1+ on left patella; positive tenderness at left flank and SI joint; decreased sensation in "right anterior L2-3 and right posterior L5-S1" dermatomes; decreased range with positive SLR on right. The request(s) for Gabapentin 600mg #180 was modified for #90 (total of 1800 mg/day) and 1 prescription for Baclofen 10mg #90 was non-certified on 8/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

**Decision rationale:** This 59 year-old patient sustained an injury on 5/8/06 while employed by [REDACTED]. Request(s) under consideration include Gabapentin 600mg #180 and 1 prescription for Baclofen 10mg #90. Diagnoses list Lumbago; lumbar facet arthropathy/ DDD/ postlaminectomy syndrome/ spinal stenosis. The patient was s/p right SI fusion on 8/5/14. The patient continues to treat for chronic back symptoms for this 2006 injury. Report of 7/31/14 from the provider noted the patient with ongoing low back pain rated at 6-7/10 associated with weakness. The patient noted sedation with Zanaflex and Soma and Flexeril was not effecting. Current medications list Voltaren gel, Gabapentin, Diazepam, Norco, Pepcid, and Colace. Exam showed slow antalgic gait; decreased DTRs 1+ on left patella; positive tenderness at left flank and SI joint; decreased sensation in "right anterior L2-3 and right posterior L5-S1" dermatomes; decreased range with positive SLR on right. The request(s) for Gabapentin 600mg #180 was modified for #90 (total of 1800 mg/day) and 1 prescription for Baclofen 10mg #90 was non-certified on 8/8/14. Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2006 injury. Medical reports have not demonstrated specific change in neurological deficits or neuropathic pain from continued use of medication above guidelines recommended daily dosing of 1800 mg/day. The Gabapentin 600mg #180 is not medically necessary and appropriate.

**1 prescription for Baclofen 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen; Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

**Decision rationale:** This 59 year-old patient sustained an injury on 5/8/06 while employed by [REDACTED]. Request(s) under consideration include Gabapentin 600mg #180 and 1 prescription for Baclofen 10mg #90. Diagnoses list Lumbago; lumbar facet arthropathy/ DDD/ postlaminectomy syndrome/ spinal stenosis. The patient was s/p right SI fusion on 8/5/14. The patient continues to treat for chronic back symptoms for this 2006 injury. Report of 7/31/14 from the provider noted the patient with ongoing low back pain rated at 6-7/10 associated with weakness. The patient noted sedation with Zanaflex and Soma and Flexeril was not effecting. Current medications list Voltaren gel, Gabapentin, Diazepam, Norco, Pepcid, and Colace. Exam showed slow antalgic gait; decreased DTRs 1+ on left patella; positive tenderness at left flank and SI joint; decreased sensation in "right anterior L2-3 and right posterior L5-S1" dermatomes; decreased range with positive SLR on right. The request(s) for Gabapentin 600mg #180 was modified for #90 (total of 1800 mg/day) and 1 prescription for Baclofen 10mg #90 was non-certified on 8/8/14. Baclofen USP is a centrally acting muscle relaxant and anti-spastic that may be useful for alleviating signs and symptoms of spasticity resulting from multiple sclerosis

and in patients with spinal cord injuries and other spinal cord diseases. However, Baclofen is not indicated in the treatment of skeletal muscle spasm as in this case. MTUS Guidelines do not recommend long-term use of Baclofen and medical necessity has not been established. Submitted documents have not demonstrated any functional improvement from treatment of Baclofen being prescribed for this chronic injury of 2006. 1 prescription for Baclofen 10mg #90 is not medically necessary and appropriate.