

<b>Case Number:</b>	CM14-0216959		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	01/20/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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 patient is a 65 year-old male with a 1/20/1999 date of injury. According to the 12/18/14 medical report, the patient is in for management of cervical spondylosis, myelopathy, cervical post laminectomy syndrome and lumbar post laminectomy syndrome. Baclofen was for muscle spasms and without it, the patient has increase in intention tremor. Gabapentin was for neuropathic pain and without it the patient's leg pain increases and he stays in bed. On 12/29/14 utilization review : (1) authorized 1-month of baclofen and denied the 3refills as guidelines recommend a short-course of treatment for acute exacerbations of chronic pain; (2) authorized one month of gabapentin and denied the refill. There was no rationale for the modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**baclofen 10mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was prescribed baclofen for muscle spasms. The physician reports benefit with reduction on intention tremor. Utilization review has authorized a one month supply and denied the refills. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) states “Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.” The MTUS guidelines state this is for short-term use, and for acute exacerbations of chronic pain. The records did not document an acute exacerbation, and with 3-refills, it does not appear to be used for short-term use. The use of baclofen for long-term use or for chronic pain is not in accordance with MTUS guidelines. The request for 1 prescription for baclofen 10mg #60 with 3 refills IS NOT medically necessary.

**Gabapentin 100mg with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Gabapentin (Neurontin, Gabarone, generic Page(s): 18-19.

**Decision rationale:** The patient is diagnoses include lumbar post laminectomy syndrome. He has neuropathic pain and gabapentin was reported to reduce the leg pain. Without the medication the patient is reported to stay in bed. Pain levels were reported as high as 8/10 but with medication drops to 4/10. MTUS Chronic Pain Medical Treatment Guidelines, pages 18-19 under SPECIFIC ANTI-EPILEPSY DRUGS for Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for anti-epilepsy drugs Antiepilepsy drugs (AEDs) Outcome states: A “good” response to the use of AEDs has been defined as a 50% reduction in pain and a “moderate” response as a 30% reduction. The patient has a good response to gabapentin with 50% reduction of neuropathic pain, and improvement in function. The continued use of gabapentin is in accordance with MTUS guidelines. The request for 1 prescription for gabapentin 100mg #100 with 1 refill IS medically necessary.