

Case Number:	CM15-0171095		
Date Assigned:	09/11/2015	Date of Injury:	12/21/2010
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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, Pain Management, Occupational Medicine

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 47 year old male, who sustained an industrial injury on December 21, 2010. He reported low back pain with associated lower extremity radicular symptoms. The injured worker was diagnosed as having lumbar spinal stenosis with claudication, cervical spondylosis, status post lumbar laminectomy for lumbar spinal stenosis, status post cervical decompression and fusion for cervical spondylotic myelopathy and status post anterior lumbar decompression with interbody fusion. Treatment to date has included diagnostic studies, conservative care and medications. Currently, the injured worker continues to report low back pain with associated left lower extremity radicular symptoms. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 10, 2015, revealed continued pain as noted. A lumbar spine x-ray on December 9, 2014, was noted to reveal stable posterior hardware, solid interbody plug at the disc spacer and progression of interbody bone growth at lumbar 5-sacral. It was noted he walked without supports and mildly antalgic. A urinary drug screen was performed in the office secondary to prolonged opioid use and was consistent with expectations. It was noted the surgical incisions were well healed. He reported improvement however it was noted he still had low back pain and left leg pain. He reported improvement with medications and noted constipation secondary to medications. Evaluation on August 7, 2015, revealed no changes since the last noted visit. It was noted the Gabapentin was continued for neuropathic pain however there was no description of the pain and no numerical

pain scale available in the document. The RFA included a request for Baclofen 20mg PO BID PRN #120, Gabapentin 300mg TID #120 and Tramadol 100mg BID PRN #120 and was non-certified on the utilization review (UR) on August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg TID #120: 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: MTUS 2009 states that gabapentin is indicated to treat neuropathic pain due to disorders such as post herpetic neuralgia and diabetic neuropathy. It is not specifically indicated for radiculopathy. This patient continues to report significant pain even after the nerve roots have been decompressed. The use of gabapentin does not adhere to MTUS 2009 in this case and its use has not translated into any clinically significant improvement. Therefore, the ongoing use of gabapentin is not medically necessary.

Tramadol 100mg BID PRN #120: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that use of opioids to treat non-cancer pain should result in functional improvement. The ongoing use of Tramadol in this case has not resulted in any significant clinical improvement. The patient continues significant pain limited function in spite of the sustained use of opioids. The ongoing use of Tramadol is not medically necessary.

Baclofen 20mg PO BID PRN #120: 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: MTUS 2009 recommends against the sustained use of muscle relaxants. Baclofen is used to treat spasticity which differs from muscle spasm. The patient does not have any clinical indicators of muscle spasticity for which Baclofen is indicated. Clinically, the patient continues to endorse significant pain limited function. The use of Baclofen in this case does not adhere to MTUS 2009 and is not medically necessary.

