

<b>Case Number:</b>	CM15-0178449		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/10/1996
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 08-10-1996. She has reported injury to the low back. The injured worker has been treated for chronic pain syndrome involving the lumbar spine, right shoulder, and bilateral wrists and hands; lumbar degenerative disc disease; chronic low back pain; bilateral lumbosacral radiculitis; bilateral carpal tunnel syndrome; right shoulder impingement syndrome; and pain-related depression. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included MS Contin, Mobic, Promethazine, Klonopin, Prilosec, Norco, Neurontin, Cymbalta, and Baclofen. Surgical intervention has included L5-S1 discectomy and laminectomy, and bilateral carpal tunnel releases. A progress report from the treating provider, dated 08-13-2015, documented a follow-up visit with the injured worker. The injured worker reported chronic low back pain, with radicular symptoms to her lower extremities; chronic symptoms of pain, numbness, and tingling in her bilateral wrists and hands; she has increased post-surgical pain and stiffness in her right shoulder; her area of greatest pain is at her low back; back spasms; she states that the Baclofen seems to have helped; she has noted about 30-40% reduction in her spasm with the use of Baclofen and the effect lasts for about five hours; she notes approximately 50% reduction in her pain and spasm with the use of her Norco, Norflex, and Neurontin; and she describes her pain as 8 out of 10 in intensity without her meds, whereas her pain is about 4 out of 10 in intensity with her meds. Objective findings included tenderness to palpation throughout the lumbar spine and bilateral paraspinal regions, with some extension of tenderness into the bilateral buttocks; sensation to light touch was slightly reduced along the lateral aspect of the right lower leg; upper extremities have positive impingement signs

bilaterally; and there is positive Tinel's and Phalen's testing to the bilateral wrists. The treatment plan has included the request for Baclofen 10mg #60, 1 refill; and Neurontin 600mg #90, 3 refills. The original utilization review, dated 08-28-2015, modified a request for Baclofen 10mg #60, 1 refill, to Baclofen 10mg #30; and modified a request for Neurontin 600mg #90, 3 refills, to Neurontin 600mg #40 with 0 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Baclofen 10mg #60, 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #60 with one refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are chronic pain syndrome involving lumbar spine, right shoulder and bilateral wrists and hands; lumbar DDD status post L5 - S1 discectomy and laminectomy; chronic low back pain; bilateral lumbosacral radiculitis; bilateral carpal tunnel syndrome and releases; right shoulder impingement syndrome; insomnia and depression. Date of injury is August 10, 1996. Request for authorization is August 20, 2015. According to a progress note dated September 2, 2014, the treating provider prescribed Norflex (muscle relaxant) and Neurontin. Norflex was changed to baclofen April 7, 2015. According to the most recent progress note dated August 13, 2015, subjective complaints include chronic low back pain with radicular symptoms. Objectively, there is no documentation with evidence of neuropathic pain or radiculopathy. There is a slight reduction to light touch along the right lower leg. Otherwise sensation is intact. The guidelines recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Additionally, the treating provider continued muscle relaxant use in excess of 13 months (at a minimum). The guidelines recommend short-term (less than two weeks) treatment. There are no compelling clinical facts to support ongoing baclofen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, ongoing use of baclofen for 13 months (in excess of the recommended guidelines short-term use) and no documentation demonstrating objective functional improvement, Baclofen 10 mg #60 with one refill is not medically necessary.

**Neurontin 600mg #90, 3 refills:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin, Antiepilepsy drugs (AEDs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg #90 with 3 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured workers working diagnoses are chronic pain syndrome involving lumbar spine, right shoulder and bilateral wrists and hands; lumbar DDD status post L5 - S1 discectomy and laminectomy; chronic low back pain; bilateral lumbosacral radiculitis; bilateral carpal tunnel syndrome and releases; right shoulder impingement syndrome; insomnia and depression. Date of injury is August 10, 1996. Request for authorization is August 20, 2015. According to a progress note dated September 2, 2014, the treating provider prescribed Norflex (muscle relaxant) and Neurontin. Norflex was changed to baclofen April 7, 2015. According to the most recent progress note dated August 13, 2015, subjective complaints include chronic low back pain with radicular symptoms. Objectively, there is no documentation with evidence of neuropathic pain or radiculopathy. There is a slight reduction to light touch along the right lower leg. Otherwise sensation is intact. There is no objective evidence of neuropathic pain to support the ongoing use of Neurontin. There is no documentation demonstrating objective functional improvement to support ongoing Neurontin. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no objective evidence of neuropathic pain on examination to support subjective findings, Neurontin (Gabapentin) 600 mg #90 with 3 refills is not medically necessary.