

Case Number:	CM13-0003921		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2009
Decision Date:	02/28/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 physician 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 is a female patient with a date of injury of May 6, 2009. A utilization review determination dated July 17, 2013 recommends noncertification of Neurontin, noncertification of Soma, and modified certification of MSIR. A progress report dated April 9, 201 identifies subjective complaints indicating that MSContin has not been authorized. Pain level is rated as 7/10 for low back and lower extremity pain. Current medications include MSContin, MS IR, Neurontin, and Soma. Physical examination identifies diffuse lumbar pain, diffuse tenderness, and increased pain with flexion and extension of the lumbar spine. Motor strength is reduced with right hip flexion and sensation is intact in bilateral lower extremities. Diagnoses include chronic low back pain, bilateral lower extremity pain, chronic bilateral lumbar radiculitis, degenerative thoracic discs, history of cervical spine surgery, and degenerative cervical discs. Current treatment plan recommends 6 additional chiropractic visits, thoracic epidural injection, MSContin, Neurontin, Soma, and MS IR. A progress report dated May 9, 2013 indicates that the medication does not cause any side effects. A progress report dated June 7, 2013 recommends refills of the patient's current medications and urine drug screen. A progress report dated August 21, 2013 indicates that the patient continues to take pain medication for "satisfactory relief and no new side effects." A progress report dated December 17, 2013 indicates, "chronic pain medication maintenance regimen benefit includes reduction of pain, increase activity tolerance, and restoration of partial overall functioning. Chronic pain medication regimen and rest continue to keep pain within manageable level allowing patient to complete necessary activities of daily living."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MSIR 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 76-79.

Decision rationale: MTUS Chronic Pain Guidelines state that MS IR is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function (in terms of specific measurable functional improvement) or pain (in terms of percent reduction in pain or reduced NRS). Additionally, although urine drug screens have been mentioned, no urine drug screen reports have been provided for review. In the absence of such documentation, the currently requested MS IR is not medically necessary and appropriate.

1 prescription of Neurontin 300mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): s 16-21.

Decision rationale: The MTUS Chronic Pain Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of improvement in function (in terms of specific measurable functional improvement). In the absence of such documentation, the currently requested Neurontin is not medically necessary and appropriate.

1 prescription of Soma #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for longer than a 2 to 3 week period. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary and appropriate.