

<b>Case Number:</b>	CM13-0038004		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/28/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 40-year-old female who reported an injury on 10/28/2012. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical radiculitis, lumbar radiculitis, chronic pain syndrome, chronic pain trauma, and uterine fibroid. The patient was recently seen by [REDACTED] on 12/02/2013. The patient reported ongoing 7/10 pain. Physical examination revealed spasm and tenderness to palpation in the cervical spine, spasm and tenderness to palpation with restricted range of motion in the lumbar spine, positive straight leg raising, and decreased sensation in bilateral lower extremities. Treatment recommendations included continuation of current medication, including MS Contin, Soma, Tylenol with codeine, vitamin D, and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentine 600 MG # 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 16-18.

**Decision rationale:** California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. 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. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing treatment, the patient continues to report persistent pain with radiation to bilateral upper and lower extremities. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Soma 350 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-64, 124.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbation in patients with chronic low back pain. Soma should not be used for longer than 2 weeks to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal palpable muscle spasm in the cervical and lumbar spine. As guidelines do not recommend long term use of this medication, the current request is non-certified.

**Tylenol with Codeine #4 300 - 60 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 35, 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with radiation to bilateral upper and lower extremities. There is no significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

**MS Contin CR 30 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain with radiation to bilateral upper and lower extremities. There is no significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

**Vitamin D 2000 Units #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Vitamin D (cholecalciferol)

**Decision rationale:** Official Disability Guidelines state vitamin D is recommended in chronic pain patients. It is currently under study as an isolated pain treatment, and vitamin D deficiency is not considered a Workers' Compensation condition. As per the documentation submitted, the patient has continuously utilized this medication. There is no evidence of objective improvement following the use of this medication. There is also no evidence of a vitamin D deficiency. The medical necessity for the requested medication has not been established. As such, the request is non-certified.