

Case Number:	CM13-0053720		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2005
Decision Date:	03/10/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 53 year old man with a date of injury of 1/12/05. He was evaluated by his pain management group on 10/11/2013 and complained of 8-9/10 back and neck pain radiating to all of his extremities as well as excruciating 9/10 pain from dental infections/abscesses. He has a long history of 'failed low back surgery syndrome' and was awaiting a spinal cord stimulator implant pending dental procedures. He continues to take his medications but states he is in excruciating pain at all times. His medications included MS Contin, Soma, Neurontin, Diazepam, Ambien and Lidocaine Viscous gel. On physical exam, he had moderate diffuse tenderness to palpation and muscle tightness in his cervical spine. He had moderate tenderness to palpation of his lumbosacral area and greater than 75% restriction of flexion and extension of his lumbar spine. He had bilateral positive straight leg raises. He had diffuse hypoesthesia and dysethesia in the posterolateral aspect of the left leg greater than the right leg, and some hypoesthesia in the medial lateral aspect of his arms. His motor exam was 4+/5 in his lower extremities. Deep tendon reflexes were 1+ and bilaterally symmetric. He was diagnosed with failed back surgery syndrome-status post fusion, lumbar radiculopathy symptoms, significantly helped with spinal cord stimulator trial and awaiting permanent implantation, cervical degenerative disc disease at multiple levels, cervical radiculitis and myofascial pain problem. The plan was to continue conservative treatment measures and refill his medications. At issue in this review are the refills of Neurontin and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Neurontin 300 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: This worker has chronic back and neck pain with limitations in range of motion noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, muscle relaxants and Gabapentin. Per the chronic pain guidelines for chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of Gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify long-term use. He is also receiving opioid analgesics and the records do not support medical necessity of Gabapentin.

request for Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

Decision rationale: This worker has chronic back and neck pain with limitations in range of motion noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, muscle relaxants and Gabapentin. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The provider visit of October, 2013 fails to document any improvement in pain, functional status or side effects to justify long-term use. Carisoprodol (Soma®) is not recommended or indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The records do not support medical necessity for Soma.