

Case Number:	CM13-0054778		
Date Assigned:	12/30/2013	Date of Injury:	05/05/2006
Decision Date:	07/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 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/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 60-year-old who sustained an injury on May 5, 2006 while lifting a large dog. The injured worker sustained injury to the left knee which required left knee arthroscopic surgery including meniscectomy. The injured worker was also status post left total knee arthroplasty. Continuing complaints were primarily of the low back. The injured worker reported interval periods of falling with associated numbness in the lower extremities. The injured worker also reported complaints of right shoulder pain. The injured worker was seen on January 24, 2014 reporting worsening pain and weakness in the upper extremities and lower extremities. The injured worker reported some improvement with interferential stimulator. The injured worker was also utilizing a low back brace which provided benefit. Medications at this visit included Norco 10/325mg every four hours soma 350mg three times daily Voltaren gel 5% applied four times per day and Neurontin 300mg twice daily and two tablets at the end of the day. Physical examination noted tenderness in the lumbar spine at L2 and through the midline of the lower lumbar spine. There was limited range of motion at both the cervical spine and lumbar spine. Tenderness to palpation was also noted over the right shoulder with reduced range of motion. No motor weakness was identified. There was a subjective tingling sensation in the anterior and lateral right thigh. The injured worker was referred for electrodiagnostic studies at this visit. The injured worker declined further epidural steroid injections. Medications were continued at this visit. The requested soma 350mg #90 with one refill, Gralise 600mg #30 with one refill, Neurontin 300mg #120 with one refill, and Norco 10/325mg 180 with one refill were denied by utilization review on November 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, ninety count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. The request for Soma 350 mg, ninety count with one refill, is not medically necessary or appropriate.

Gralise 600 mg, thirty count with one refill: Upheld

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

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

Decision rationale: There is no discussion from the clinical record provided for review regarding this medication. The injured worker was already utilizing Neurontin four times daily and Gralise, which is another formulation of Neurontin, was not discussed as an active medication. The request for Gralise 600 mg, thirty count with one refill, is not medically necessary or appropriate.

Neurontin 300 mg, 120 count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker has been followed for multiple myofascial complaints in the neck and low back. The most recent physical examination findings were unremarkable for any focal neurological findings to support persistent neuropathic pain. Although Neurontin is recommended as a first line medication in the treatment of neuropathic symptoms the clinical documentation submitted for review did not establish the presence of an ongoing neuropathic condition that would reasonably require the use of this medication. Furthermore, clinical documentation did not specifically note functional improvement or pain reduction obtained with

this medication to warrant its ongoing use with additional refills. The request for Neurontin 300 mg, 120 count with one refill, is not medically necessary or appropriate.

Norco 10/325 mg, 180 count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. The request for Norco 10/325 mg, 180 count with one refill, is not medically necessary or appropriate.