

Case Number:	CM13-0062232		
Date Assigned:	12/30/2013	Date of Injury:	11/17/1999
Decision Date:	05/13/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51-year-old male with date of injury of 11/17/99. The treating physician report dated 11/15/13 indicates that the patient presents with chronic pain affecting the cervical spine, bilateral arms, and hands with associated paresthesia. The current diagnoses are: 1. Chronic neck pain and cervical spondylosis 2. Bilateral hand paresthesia without electrodiagnostic evidence of focal neuropathy 3. Chronic repetitive stress injury to bilateral upper extremities 4. Reactive depression due to pain The utilization review report dated 12/2/13, denied the request for Neurontin and partially certified the request for Soma based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60 (RETROSPECTIVE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 24, 29, AND 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA®) Page(s): 29.

Decision rationale: The patient presented for a follow-up appointment and was last seen on 5/17/13. The current request is for Soma 350mg #60. The presenting complaint is, "He stated

that his arms and hand pain is the same." The medications listed are Neurontin 300mg three (3) times a day, Soma 350 mg at bedtime, Celebrex 200mg daily, and occasionally takes Vicodin. The only response to the medication listed is, "The Tylenol is helping." The review of the reports submitted indicate that the patient has been taking Soma since at least 1/12/13. The Chronic Pain Guidelines are very clear regarding Soma, which states "Not recommended. This medication is not indicated for long-term use." The treating physician report reviewed does not show signs of muscle spasms and the guidelines do not recommend the usage of Soma. Furthermore, the guidelines also indicate that the physician should record pain and improvements in function while taking the prescribed medication. Recommendation is for denial.

NEURONTIN 300MG #120 (RETROSPECTIVE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, AND 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN®) AND MEDICATIONS FOR CHRONIC PAIN Page(s): 49 AND 60.

Decision rationale: The patient presented for a follow-up appointment and was last seen on 5/17/13. The current request is for Neurontin 300mg #120. The presenting complaint is, "He stated that his arms and hand pain is the same." The medications listed are Neurontin 300mg three (3) times a day, Soma 350 mg at bedtime, Celebrex 200mg daily, and occasionally takes Vicodin. The only response to the medication listed is, "The Tylenol is helping." The review of the reports submitted indicate that the patient has been taking Neurontin since at least 1/12/13. There is no documentation in the 11/15/13 treater's report to indicate that the patient has neuropathic pain. The examination findings indicate, "Cervical spine range of motion is restricted slightly to the right 25 degrees. Spurling is negative. Muscle strength is 5/5. Sensory exam is intact. There is tenderness on the left epicondyle." The Chronic Pain Guidelines indicate that Gabapentin is recommended for the treatment of neuropathic pain. There is no information provided to indicate the presence of neuropathic pain. The Guidelines also indicate that the physician should record pain and improvements in function while taking the prescribed medication. Recommendation is for denial.