

Case Number:	CM13-0063570		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2003
Decision Date:	03/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational 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 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:

According to the records made available for review, this is a 65 year old male with a 4/14/03 date of injury. At the time of request for authorization for Soma 350mg, #30 and Neurontin 300mg, #90, there is documentation of subjective (neck, shoulder, knee and low back pain which feels like burning nerve pain and radiates into both legs) and objective (decreased cervical and lumbar range of motion, normal neurological examination, and positive Patrick's and reverse Thomas tests on the left side of the lumbar spine) findings, current diagnoses (lumbar spondylosis, degenerative lumbar disc, lumbar radiculopathy, knee osteoarthritis, rotator cuff tear, and cervical spondylosis), and treatment to date (Soma since at least 4/24/12). Report indicates the medications provide more than 50% pain relief and ability to perform activities of daily living. Regarding the requested Soma 350mg, #30, there is no documentation of muscle spasms and short-term (less than two weeks) treatment. Regarding the requested Neurontin 300mg, #90, there is no documentation of objective findings consistent with neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, degenerative lumbar disc, lumbar radiculopathy, knee osteoarthritis, rotator cuff tear, and cervical spondylosis. In addition, there is documentation of ongoing therapy with Soma and functional benefit. However, there is no documentation of muscle spasms. In addition, given documentation of ongoing therapy with Soma since at least 4/24/12, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg, #30 is not medically necessary.

Neurontin 300mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs; Gabapentin Page(s): 16-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, and pain relief and improvement in function as well as documentation of side effects incurred with use, as criteria necessary to support the medical necessity of Gabapentin. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, degenerative lumbar disc, lumbar radiculopathy, knee osteoarthritis, rotator cuff tear, and cervical spondylosis. In addition, there is documentation of ongoing therapy with Soma and functional benefit. Furthermore, there is documentation of subjective findings (burning nerve pain radiating to the legs) of neuropathic pain, and pain relief and improvement in function with previous use. However, given documentation of normal neurological examination, there is no documentation of objective findings consistent with neuropathy. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg, #90 is not medically necessary.