

Case Number:	CM14-0000149		
Date Assigned:	01/10/2014	Date of Injury:	10/02/2007
Decision Date:	05/29/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	12/31/2013

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, 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:

This 36-year-old sustained a lifting injury to his low back on October 2, 2007 when the coworker let go while hanging a false balcony, employed by [REDACTED]. Requests under consideration include gabapentin 600mg #270, naprosyn 500mg #270, soma 350mg #90, and norco 10/325 mg #240, with 2 refills. Report of June 29, 2012 from the provider noted patient with low back radiating pain into his legs. MRI of the lumbar spine showed disc desiccation and bulge at L5-S1 without canal stenosis or neural foraminal narrowing. The patient had AME evaluation on February 24, 2009 and was deemed P&S with diagnoses of lumbosacral disc protrusion with left lower limb radiculitis. Medications listed Soma, Naprosyn, Norco, Gabapentin. Treatment plan included medications refill. Handwritten report of December 17, 2013 from PA-c for the provider noted low back pain level at 3- 4/10. Limited exam noted tenderness at L2-S1. Diagnosis was chronic lumbar spine pain with medications requested. The Gabapentin, Naprosyn, Soma, and Norco were non-certified on December 26, 2013 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #270: 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 ANTI-EPILEPSY DRUGS/GABAPENTIN Page(s): 18-19.

Decision rationale: Although 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2007 injury. Medical reports have not demonstrated specific neurological deficits or neuropathic pain and medical necessity have not been established. The request for gabapentin 600mg, 270 count, is not medically necessary or appropriate.

NAPROSYN 500MG #270: 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 NON-STEROIDAL ANTI-FLAMMATORY DRUGS Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's (non-steroidal anti-inflammatory drugs) functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The request for naprosyn 500mg, 270 count, is not medically necessary or appropriate.

SOMA 350MG #90: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2007. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings of tenderness without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. The Chronic Pain

Medical Treatment Guidelines do not recommend long-term use of this Soma for this chronic injury. The request for soma 350mg, ninety count, is not medically necessary or appropriate.

NORCO 10/325 MG #240, WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The Chronic Pain Medical Treatment Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for norco 10/325 mg, 240 count with two refills, is not medically necessary or appropriate.