MAXIMUS Federal Services

Case Number:	CM14-0018500		
Date Assigned:	04/18/2014	Date of Injury:	05/05/2006
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 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 has filed a claim for low back pain and bilateral lower extremity pain associated with an industrial injury date of May 5, 2006. Treatment to date has included left knee arthroscopic surgery with mastectomy, right knee total knee replacement, interferential stimulator, physical therapy, and oral pain medications. Medical records from 2014 were reviewed showing the patient complaining of low back pain and bilateral lower extremity pain. The pain is rated at 8/10. The pain in the low back is noted to radiate to the lower extremities. Sitting or standing for extended periods of time aggravate the pain. Medications somewhat relieved the pain. Activities of daily living are limited. The pain level has been worse. There is associated weakness and numbness. On examination, range of motion for the lumbar spine was noted to be limited. Motor exam for the upper and lower extremities were normal. There was noted tingling sensation along the anterior and lateral right thigh on sensory exam. Utilization review from February 6, 2014 denied the requests for Neurontin, Soma, Voltaren gel, Norco due to no specific functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG - 1 TAB BY MOUTH THREE TIMES A DAY AS NEEDED SPASMS #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 Carisoprodol Page(s): 29.

Decision rationale: As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case, the patient has been prescribed soma since January 2014. This medication is being prescribed for spasms however; physical exam did not demonstrate spasms. It is unclear whether the patient has taken soma previously in the past, as long-term use is not recommended. There has been no discussion concerning functional gains with regards to this medication. Therefore, the request for soma is not medically necessary.

NEURONTIN 300 MG - 1 TAB BY MOUTH TWICE A DAY AND 2 TAB AT NIGHT #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

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

Decision rationale: As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has been prescribed Neurontin since January 2014. It is unclear whether the patient has taken Neurontin previously in the past, as the medication history is unclear. There has been no discussion concerning functional gains with regards to this medication. Therefore, the request for Neurontin is not medically necessary.

VOLTAREN GEL 1 PERCENT - APPLY TO AREAS 4 TIMES DAILY #5 TUBES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

Decision rationale: As stated on page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated for relief of osteoarthritis pain in joints to lend themselves to topical treatment such as ankles, elbows, feet, hands, knees, and wrists. In this case, the patient has been prescribed Voltaren since January 2014. It is unclear whether the patient has taken Voltaren previously in the past, as the medication history is unclear. There has been no discussion concerning functional gains with regards to this medication. In addition, the

areas of application were not specifically stated in the request. Therefore, the request for Voltaren is not medically necessary.

NORCO 10/325 MG - 1 TO 2 TAB BY MOUTH EVERY 4 HOURS AS NEEDED (MAX 6/DAY) #180: 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): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been prescribed Norco since January 2014. It is unclear whether the patient has taken Norco previously in the past, as the medication history is unclear. There has been no discussion concerning functional gains or decreased pain scores with regards to this medication. Urine drug screens were not documented. Therefore, the request for Norco is not medically necessary.