

Case Number:	CM14-0113730		
Date Assigned:	08/08/2014	Date of Injury:	11/08/2004
Decision Date:	09/12/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 11/08/2004. The mechanism of injury was not provided. The injured worker's medication history as of 07/2013 revealed the medication Soma 350 mg (one 3 times a day), Motrin 800 mg tablets (1 by mouth 3 times a day), Neurontin 600 mg (one 3 times a day), trazodone 50 mg (1 to 2 tablets at bedtime as needed), Norco 10/325 mg tablets, gabapentin 300 mg capsules (one 3 times a day), albuterol 90 mcg inhaler mcg/actuation, and baby aspirin 81 mg chewable tablet. Prior therapies and diagnostic studies included x-rays, EMG/NCV, right transforaminal lumbar epidural steroid injection, a cervical epidural steroid injection, an MRI of the left shoulder, and an MRI arthrogram of the right shoulder, a left carpal tunnel injection, an MRI of the cervical spine, and MRI of the right shoulder, an MRI of the right knee, facet blocks, epidural blocks, and laboratory studies. The injured worker underwent a right total knee arthroplasty. The most recent documentation submitted for review was dated 06/05/2014. The documentation indicated the injured worker had low back pain. The pain with medications was 5/10, and without medications it was 8/10. The injured worker indicated she had no new problems or side effects. The injured worker indicated her activity level had increased. The injured worker was noted to have constipation controlled with medication. The injured worker indicated without medications, she was unable to care for her children or clean her home. The current medications were noted to be Motrin 800 mg tablets (one 3 times a day as needed), trazodone 50 mg tablets (1 to 2 at bedtime as needed), Voltaren 1% gel (apply to affected body part 2 to 3 times per day as needed), MS-Contin 15 mg tablets (1 twice a day), Neurontin 600 mg tablets (2 tablets 3 times a day), Norco 10/325 (1 tablet every 4 hours as needed, maximum of 6 per day), Soma 350 mg tablets (one 3 times a day), albuterol 90 mcg inhaler mcg/actuation per other physician, and baby aspirin 81 mg chewable tablets per other physician. The injured worker was noted to have undergone a

previous urine drug screen. The physical examination revealed the injured worker's gait was antalgic with a wide base, and the injured worker was assisted by a walker. The injured worker had cervical spine range of motion that was restricted by pain. The injured worker had paravertebral muscle spasm, tenderness, and tight muscles bilaterally. The examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted. The injured worker had tenderness and tight muscle bands bilaterally upon palpation of the paravertebral muscles. The straight leg raise was positive on the right side and sitting at 80 degrees. The injured worker had tenderness in the rhomboids and trapezius. The diagnoses included disc disorder lumbar, lumbar facet syndrome, lumbar radiculopathy, shoulder pain, carpal tunnel syndrome bilateral, pain in joint lower leg, knee pain, cervical pain, cervical radiculopathy, and low back pain. The treatment plan included a discussion. The discussion indicated the injured worker had fallen due to foot drop, where her foot caught on something before she fell. The injured worker indicated the foot drop was worsening when her back pain worsened. The treatment plan included the injured worker should continue on Neurontin, Norco, MS-Contin, and Soma. Regarding the Neurontin, the injured worker had Neurontin prescribed for a burning pain and decreased sensation that started in the low back and traveled down bilateral anterior thighs and radiated to the feet and toes traveling across the L4, L5, and S1 dermatome. The injured worker noted the symptoms decreased from being on fire to just tingling, but overall a drastic decrease in pain and increase in overall comfort while on medication. The injured worker was noted to be using Norco for breakthrough pain, allowing the injured worker to care for her children as a single mother and do household chores such as take her children to school and sports practice. Without the medications, she could not do these activities. The injured worker was utilizing MS-Contin as baseline pain control and could perform the activities that were previously described. The injured worker was utilizing Soma for a muscle relaxant. The injured worker indicated the medication worked well for severe spasms and tension that caused headaches and low back aches. Without the medications, the injured worker had great difficulty. On medications, the injured worker was able to take her children to volleyball practice, driver her children to and from school, cook, and clean. The physician dispensed a Futuro brand left wrist splint. There was no DWC Form RFA submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (AED) antiepilepsy drug (Washington, 2005) (Eisenberg, 2007) (Jensen, 2006) (Backonja, 2004) (Peng, 2007) (Chou, 2007) (Ettinger, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The

duration of use was at least 1 year. The clinical documentation submitted for review met the above criteria. This request would be supported; however, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600mg #180 is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: criteria for therapeutic trial of opioids; steps to take before a therapeutic trial of opioids; Initiating therapy; On-going management; Recommended frequency of visits while in the trial phase (first 6 months); When to discontinue; when to continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 1 year. The clinical documentation met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 #180 is not medically necessary.

Trazodone 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trazodone - antidepressants for chronic pain / (Feuerstein, 1997) (Perrot, 2006) (Collins, 2000) (Gilon, 2006).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. The clinical documentation submitted for review failed to meet the above criteria. The duration of use was at least 1 year. There was a lack of documentation of objective functional benefit for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Trazodone 50mg #60 is not medically necessary.

Motrin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Motrin/ NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The duration of use was at least 1 year. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Motrin 800mg #90 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. There should be documentation of objective functional improvement. This medication is recommended for use for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 1 year. There was documentation the injured worker had an objective decrease in muscle spasms. However, the injured worker continued having muscle spasms. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350mg #90 is not medically necessary.

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: criteria for therapeutic trial of opioids; steps to take before a therapeutic trial of opioids; Initiating therapy; On-going management; Recommended frequency of visits while in the trial phase (first 6 months); When to discontinue; when to continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 1 year. The clinical documentation met the above

criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for MS Contin 15mg #60 is not medically necessary.