

Case Number:	CM14-0128813		
Date Assigned:	09/22/2014	Date of Injury:	06/30/2004
Decision Date:	11/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 60-year-old female with date of injury of 06/30/2004. The listed diagnoses per [REDACTED] from 07/10/2014 are: Status post artificial disk replacement at L4-L5 with anterior-posterior fusion at L5-L6, Left greater than right lumbosacral radiculopathy, Bilateral foot pain, radicular versus peripheral neuropathy, Recent exacerbation of low back and lower extremity pain with concurrent abdominal pain and Insomnia secondary to chronic pain. According to this report, the patient is still having GI upset, pain, and constipation. She takes her Soma medication on an occasional basis for acute muscle spasms no more than 15 per week, and Neurontin twice daily for neuropathic pain, which significantly reduces especially nighttime leg pain. The patient is concerned about her medication and has tried to be as "minimal as possible" and, therefore, has not started some of the other medications. Neurontin and Soma are the most helpful for the patient. The examination shows the patient is awake and alert, sitting appropriately. There is no evidence of medication-induced somnolence. Physical examination from the 03/11/2014 report shows significant muscle tenderness and myofascial taut bands in the lumbar paraspinal musculature limiting forward flexion and extension. Active spasm is noted in the lower back. Lower abdominal region is hard to palpation and does not cause significant tenderness. Straight leg raise is positive on the left. There is numbing with pinwheel sensation in the bilateral lower extremities. The utilization review denied the request on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg p.r.n. #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary

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

Decision rationale: This patient presents with multiple areas of pain. The provider is requesting Soma 350 mg p.r.n., #15. The MTUS Guidelines page 21 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. MTUS further states Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a Schedule IV controlled substance). The records show that the patient was prescribed Soma on 03/11/2014. In this case, Soma is not recommended for long-term use. Therefore, this request is not medically necessary.

Neurontin 600mg b.i.d. #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available); Gabapentin (Neurontin); Medications.

Decision rationale: This patient presents with multiple areas of pain. The provider is requesting Neurontin 600 mg b.i.d., #60. The MTUS Guidelines page 18 and 19 on Gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. MTUS page 60 states that for medications use for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The 07/10/2014 report notes, "She takes her Soma medication on an occasional basis for acute muscle spasms no more than 15 per week, and Neurontin twice daily for neuropathic pain which significantly reduces especially nighttime leg pain." The provider further notes, "Neurontin and Soma are most helpful for the patient." In this case, the patient does present with neuropathic pain and Neurontin seems to be helping. Therefore, this request is medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers Compensation Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen: Criteria for Use of Urine Drug Testing

Decision rationale: This patient presents with multiple areas of pain. The provider is requesting a urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. The records show that the patient's current list of medications includes Soma, Neurontin, and Zolpidem. The patient is currently not taking any opioids and the request for a urine drug screen is not medically necessary.