

Case Number:	CM14-0132751		
Date Assigned:	09/18/2014	Date of Injury:	03/01/2006
Decision Date:	12/22/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 43-year-old female with a date of injury of 03/01/2006. The patient is status post laminectomy on 10/01/2013. According to progress report dated 06/11/2014, the patient presents with significant neck, low back, and radicular left leg pain. Pain is rated as 4/10 and "can easily go up to 9/10 with increased pain." Physical examination revealed tenderness over the spinous process at the L4 to L5 level and notable muscle diastasis. Range of motion of the back is flexion 30 degrees and extension is 0 degrees. There is positive straight leg raise on the left side. The listed diagnoses are: 1. Cervical herniated nucleus pulposus with radiculopathy; 2. Lumbar spinal stenosis; 3. Painful lumbar hardware with flexible rods and instability; 4. Hip tenderness and groin pain; 5. Hardware removal and revision laminectomy on 03/17/2012, muscle diastasis with significant prominence of the L4 to L5; 6. Revision laminectomy and muscle diastasis repair on 10/01/2013. The patient is permanently disabled. The treating physician recommends refill of medications Soma, Norco, and Neurontin and a new prescription for diclofenac was provided. Utilization review denied the requests on 07/23/2014. The medical file provided for review includes 1 progress report from 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

Decision rationale: This patient presents with chronic low back pain that radiates into the left lower extremity. The current request is for Diclofenac. The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain and is the first line of treatment. On 06/11/2014, the patient was prescribed Diclofenac due to "severe inflammation." This is an initial request for this medication. In this case, given patient's continued pain and noted inflammation, a trial of Diclofenac is within guidelines. Recommendation is that the request is medically necessary.

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary last updated 06/10/2014; Muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

Decision rationale: This patient presents with chronic neck and low back pain along with radicular left leg pain. The current request is for Soma. The MTUS Guidelines page 64 has the following regarding muscle relaxants, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation of patients with chronic LBP." The medical file provided for review includes 1 progress report. There is no indication of when this patient was first prescribed Soma. Report 06/11/2014, states that Soma was "refilled." In this case, recommendation for further use cannot be supported as the treating physician does not state that this medication is for short-term use. MTUS does not support long-term use of muscle relaxants. Therefore, the request is not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with chronic neck, low back, and radicular left leg pain. The current request is for Norco. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. The medical file provided for review includes 1 progress report from 06/11/2014. According to this progress report, Norco was "refilled." In this case, recommendation for further use of Norco cannot be supported as the treating physician does not provide before and after scales to show analgesia, and no specific ADLs or functional improvements are discussed. No adverse side effects are addressed and urine toxicology and CURES report are not provided. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.

Neurontin: Upheld

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; medication for chronic pain Page(s): 18-19; 60.

Decision rationale: This patient presents with chronic neck, low back, and radicular left leg pain. The current request is for Neurontin. The MTUS Guidelines, page 18 and 19, has the following regarding gabapentin, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered the first-line treatment for neuropathic pain." The medical file provided for review includes 1 progress report from 06/11/2014, which indicates that Neurontin was "refilled." Given patient's continued radicular symptoms, Neurontin may be indicated; however, continuation of the medication cannot be supported as the treating physician provides no discussion regarding this medication's efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, recommendation is that the request is not medically necessary.