MAXIMUS Federal Services

Case Number:	CM14-0141627		
Date Assigned:	09/10/2014	Date of Injury:	09/03/2001
Decision Date:	12/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 9/3/01. He was seen by his primary treating physician on 6/24/14 with complaints of low back pain and his symptoms were manageable with the adjunct of his medication. He noted significant functional improvement and pain relief with his medications and that he could perform activities of daily living with is medications and less pain. His exam showed slight tenderness in the lower lumbar paravertebral musculature. Forward flexion was 65 degrees, extension was 10 degrees and lateral bending was 30 degrees. His straight leg raise was negative. His diagnoses were grade 1 spondylolisthesis L5-S1, status post bilateral ulnar decompression at the elbow and status post bilateral carpal tunnel release. At issue in this review is the request For Ultram, Voltaren, Neurontin and Soma. Length of prior therapy was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #30 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain or functional status specifically related to Ultram or a discussion of side effects to justify use. The medical necessity of Ultram is not substantiated.

Voltaren 75mg #60 with 2 refills.: Upheld

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 Page(s): 66-73.

Decision rationale: In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The MD visit fails to document any significant improvement in pain or functional status specifically related to Voltaren or a discussion of side effects to justify use. The request for Voltaren is not medically necessary.

Neurontin 300mg #60 with 2 refills.: Upheld

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

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

Decision rationale: Gabapentin (Neurontin) 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The MD visit fails to document any significant improvement in pain or functional status specifically related to Neurontin or a discussion of side effects to justify use. The request is not medically necessary.

Soma 350mg #30 with 2 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63-66.

Decision rationale: With muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any spams or any significant improvement in pain or functional status specifically related to soma or a discussion of side effects to justify use. The request for Soma is not medically necessary.