

Case Number:	CM14-0157284		
Date Assigned:	09/30/2014	Date of Injury:	03/18/1998
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in New Jersey and 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 73 year-old female who had a lower back injury on 3/18/98. She complained of low back, radiating to her hips and bilateral lower extremity pain. On exam, she had decreased range of motion of lumbar spine with tender paraspinal muscles, muscle spasms, and lower extremity motor and sensory deficits. She was diagnosed with lumbar disc disease, lumbar spondylolisthesis, lumbar pain/strain/sprain, and depression. On 8/31/99, she had bilateral laminectomy and facetectomy at L4-L5 with posterolateral and transverse process fusion and interbody fusion. She had a spinal cord stimulator placed. Her medications have included Vicodin, Flexeril, Norco, topical cream, and Soma. A urine drug screen was positive for Norco and Oxazepam but negative for Soma. She had trigger point injection, epidural steroid injection, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #120: Upheld

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

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

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it since 2009. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. A urine drug screen was negative for Soma despite chronic use. Therefore, it is considered medically unnecessary.

Neurontin 600mg, #60: 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-epileptics, Gabapentin Page(s): 18-19, 49.

Decision rationale: The request for Neurontin is medically unnecessary. Neurontin is used for neuropathic pain, especially for postherpetic neuralgia and diabetic neuropathy. The patient was on Neurontin previously and now prescribed it again. As the patient is currently being weaned off Soma, according to guidelines, it is not advisable to start a new medication. Therefore, it is not medically necessary at this point.