

Case Number:	CM14-0162816		
Date Assigned:	10/08/2014	Date of Injury:	03/24/2003
Decision Date:	12/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 58-year-old male who reported an injury on 03/24/2003. The mechanism of injury was not provided. His diagnoses were noted to include lumbar facet syndrome, lumbago, post laminectomy syndrome of thoracic region, and lumbar disc disorder. His past treatments were noted to include muscle bands, a home exercise program, and medication. During the assessment on 08/26/2014, the injured worker complained of pain in his lower back that radiated into both legs. He stated the pain was worse on the right than the left. He rated his pain 3/10 with medication and 7/10 without medication. He stated that without medication the pain occurs constantly and is sharp. In addition to the pain, he also complained of muscle spasms, numbness, tingling, and weakness. During the physical examination of the paravertebral muscles, spasm and tenderness was noted on both sides. There was lumbar facet tenderness to palpation and a negative straight leg raise. His medications were noted to include gabapentin 300 mg, Terocin lotion 2.5 - 25 - 0.025 - 10%, Motrin 800 mg, Soma 350 mg, oxycodone HCL 30 mg, Opana ER 40 mg, Crestor 10 mg, and aspirin 81 mg. The treatment plan was to continue with medication and improve physical function. The rationale for gabapentin 300 mg, Motrin 800 mg, and Soma 350 mg was better pain control and increased function. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, Gabapentin Page(s): 16-19.

Decision rationale: The request for gabapentin 300mg, #90 with 3 refills, is not medically necessary. The California MTUS Guidelines state that gabapentin 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. The guidelines recommend an adequate trial of gabapentin is 3 to 8 weeks for titration. Since the start of gabapentin, there has been no documentation of a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of gabapentin. Furthermore, the frequency was not provided with the request. Due to the lack of pertinent information, the ongoing use of gabapentin is not supported by the guidelines and is therefore not medically necessary.

Motrin 800mg, #90 with 3 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 NSAIDS Page(s): 67-68.

Decision rationale: The request for Motrin 800mg, #90 with 3 refills, is not medically necessary. The California MTUS Guidelines recommend NSAIDs as an option for short term symptomatic relief of chronic low back pain. NSAIDs may be recommended as a second line treatment after acetaminophen, as there is conflicting evidence that they are more effective than acetaminophen for acute low back pain. There is inconsistent evidence for the use of NSAIDs to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. There was no clinical documentation provided that the injured worker complained of any breakthrough pain or acute pain. There was no clinical documentation provided that indicated the injured worker had tried acetaminophen prior to using NSAIDs and had an inadequate response. Furthermore, the frequency was not provided with the request. Due to the lack of pertinent information, the ongoing use of Motrin 800mg is not supported by the guidelines and is therefore not medically necessary.

Soma 350mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Soma 350mg, #90, is not medically necessary. The California MTUS Guidelines do not recommend the use of Soma, as the medication is not indicated for long term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Since the start of Soma, there has been no documentation of a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was also a lack of documentation regarding improved function, ability to perform activities of daily living, or adverse side effects from the use of Soma. There was also a lack of documentation regarding adverse effects and evidence of consistent results on the urine drug screens to verify appropriate medication use. Additionally, the frequency was not provided. Due to the medication not being supported by the guidelines, and the absence of pertinent information, the ongoing use of Soma 350mg is not supported by the guidelines. As such, the request is not medically necessary.