

<b>Case Number:</b>	CM14-0164539		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Pain Medicine 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 71 year old male who sustained an industrial injury on 8/11/2006. The prior peer review on 9/18/2014 modified the requests for Neurontin, Percocet and Soma, to allow for weaning purposes; Neurontin 30 tabs to certify #15, Percocet 90 tabs to certify #32 and Soma 30 tabs to certify #30. All modified for weaning purposes as the requests are not medically necessary and recommended under the guidelines. According to the 9/3/2014 secondary treating physician's progress report, the patient complains of constant neck pain rated 6-7/10 which radiates into the upper extremities with pain, burning, and numbness and tingling. He also complains of low back pain rated 6-7/10 that radiates into the left lower extremity. He complains of spasms in the left lower extremity and also states his neck and low back pain has worsened since his last visit. He reports 60-70% relief with Percocet, Soma and Neurontin. On physical examination, the patient has tenderness to palpation in the cervical spine with some restricted range of motion. A urine drug screen on 8/6/2014 was positive for Nortriptyline, hydrocodone, norhydrocodone and Carisoprodol; which is consistent with medication regimen. There are 14 diagnoses listed, including status post posterior fusion at C3-4 and C4-5 with laminotomy/foraminotomy on 2/20/2012 with residuals, status post lumbar L2-L5 laminectomy on 8/23/2010 with residuals, neuropathic pain in the upper and lower extremities, and chronic pain syndrome. Treatment plan is Neurontin 600 mg #30, Percocet 10/325mg #90, and Soma 350 mg #60. Work status is deferred to PTP. According to the 10/7/2014 PTP progress report, the patient complains of neck pain rated 7/10 with radiation to the right upper extremity with associated tingling sensation. He complains of back pain rated 7/10 with associated right leg pain and numbness/tingling sensation. He reports symptoms of anxiety, depression, stress and insomnia. Current medications include Percocet, Gabapentin, and Soma. He has attended

chiropractic once and still has 8 sessions approved. He is not attended PT. On examination of the lumbar spine there is 50% decreased ROM. There are 11 diagnoses listed. Work status is TTD.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin 500 mg po qhs #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The guidelines state gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. Although the patient's diagnoses include neuropathy of the upper and lower extremities, the medical report does not document any findings of neuropathy on objective examination. There is no evidence of an active neuropathic pain condition revealed on physical examination. Therefore, the medical necessity of Neurontin has not been established. The request is not medically necessary.

**Percocet 10/325 mg one po tid prn for pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Percocet "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (greater than 16 weeks), but also appears limited. According to the 9/3/2014 progress report, the patient has complains of worse pain. He has remained on TTD status. This does not support efficacy of Percocet. He has minimal findings of tenderness and some limited ROM, otherwise no limitations or functional deficits documented. Examination on 10/7/2014 notes limited lumbar. The medical records fail to establish the patient has significant, moderate to moderately severe pain that has not been adequately responsive to non-opioid analgesics. There are no details regarding overall situation with regard to non-opioid and non-pharmacologic means of pain control. The medical records do not establish this patient has obtained overall improvement in function or returned to work. The criteria for ongoing opioid for chronic pain management has not been met. In accordance with the guidelines, in absence of benefit, opioids should not be continued. Chronic use of opioids for non-malignant pain is not generally recommended. The medical necessity of Percocet has not been established. The request is not medically necessary.

**Soma 350 mg one po bid prn for spasms #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the CA MTUS and Official Disability Guidelines, Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The chronic use of Soma is not appropriate and therefore medical necessity has not been established. The request is not medically necessary.