

Case Number:	CM14-0167015		
Date Assigned:	10/14/2014	Date of Injury:	09/15/2008
Decision Date:	12/02/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 42 year old male with an injury date of 09/15/08. Based on the 08/28/14 progress report provided by [REDACTED], the patient complains of lower back pain that radiates into the right leg down to the toes. The pain is sharp, stabbing, burning, constant and radiating. The patient has numbness, tingling, weakness, heaviness, and edema. The pain level is 6-7 out of 10. The patient is unable to perform daily activities due to chronic pain. The paralumbar spasm is 2+ tenderness to palpation on the right. Lateral bending to the right is 0-10 degrees, and to the left is 20-30 degrees with pain. Extension measures 0-10 degrees and the straight leg raise is positive for ipsilateral long track signs. Range of motion of the spine is limited secondary to pain. Lower extremity deep tendon reflexes measure 2+ at the knees. The sensation to light touch is decreased on the left, in the lateral thigh. His diagnoses are lumbar disc displacement; post-laminectomy syndrome of lumbar region; lumbar radiculopathy; and lower back pain. [REDACTED] is requesting for Soma 350mg 1 tablet orally every 4 hours for 30 days quantity of 120, Neurontin 600mg 1 capsule orally three times a day for 30days quantity of 90, and Norco 325/10mg 1 tablet orally every 4 hours for 30 days quantity of 180 with 1 refill. The utilization review determination being challenged is dated 09/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/11/14-08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 30mg 1 tab PO q4H for 30 days #120: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Carisoprodol (Soma)

Decision rationale: This patient presents with lumbar disc displacement, post-laminectomy syndrome of lumbar region, lumbar radiculopathy, and lower back pain. The request is for Soma 350mg 1 tablet orally every 4 hours for 30 days quantity of 120. MTUS guidelines regarding Soma states, "Not recommended. This medication is not indicated for long-term use." Official Disability Guidelines also has the following regarding Soma, "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Not recommended." On 08/28/14 progress report, the provider noted "the patient is taking narcotics and muscle relaxers." It would appear this patient has been on Soma for quite some time. Long-term use of this medication is not indicated per guidelines. Therefore, this request is not medically necessary.

Neurontin 600mg 1 cap PO tid for 30 days #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with lumbar disc displacement, post laminectomy syndrome of lumbar region, lumbar radiculopathy, and lower back pain. The request is Neurontin 600mg 1 capsule orally three times a day for 30 days quantity of 90. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, as medical records document the patient has numbness, tingling, weakness, heaviness, and edema. The patient may very well benefit from this medication. However, the provider does not provide any documentation as to how the medication is tolerated and beneficial for the patient's symptoms. MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case the patient has been prescribed Neurontin since 03/11/2014. Subsequent reports dated 05/08/14 and 08/28/14 have no discussions on the efficacy of this medication. Given the lack of appropriate assessment, this request is not medically necessary.

Norco 325/10mg 1 tab PO q4H for 30 days #180 Refills 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Pain Outcomes and Endpoints Page(s): 78, 88-89; 8-9.

Decision rationale: This patient presents with lumbar disc displacement, post laminectomy syndrome of lumbar region, lumbar radiculopathy, and lower back pain. The request is Norco 325/10mg 1 tablet orally every 4 hours for 30 days quantity of 180 with 1 refill. According to MTUS Chronic Pain Medical Treatment Guidelines, page 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." According to 08/28/14 progress report, the provider reports the patient's daily back pain is making it difficult for the patient to perform daily activities such as cooking, showering, dressing, and cleaning. The provider also noted the patient's pain level is 6-7 out of 10 and states "pain level slightly decrease than last visit" which is 7-8 out of 10 on 05/08/14. But the provider does not specifically address the four A's. While pain scale is provided, there is no analgesia from the use of Norco. There is no documentation of significant ADL improvement, change in work status or return to work. No discussions are provided regarding aberrant drug behaviors including drug screens, CURES, pain contract, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.