

Case Number:	CM14-0171307		
Date Assigned:	10/23/2014	Date of Injury:	04/26/2004
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 51 year old female with complaints of low back pain (mainly, also neck pain, knee pain). The date of injury is 4/26/04 and the mechanism of injury is repetitive motion injury. At the time of request for the following: 1. Carisoprodol-Soma 350mg#60 2. Hydrocodone/APAP 10/325#120 3. Gabapentin 600mg#120, there is subjective (low back pain and spasms, neck pain) and objective (antalgic gait/wheeled walker for ambulation, well healed incision lumbar spine midline, tenderness to palpation lumbar paraspinal musculature and spasm, restricted range of motion lumbar spine, positive straight leg raise on the right) findings, imaging/other findings (4/18/03 MRI lumbar spine shows left sided foraminal narrowing and facet arthropathy L3-4, anterolisthesis of L4 on L5, prior L5-S1 laminectomy with solid interbody fusion), diagnoses (lumbar sprain/strain, postlaminectomy syndrome lumbar spine, cervical sprain/strain, neuropathic pain left lower extremity), and treatment to date (surgery, medications, physical therapy). Soma is FDA-approved for symptomatic relief of acute musculoskeletal pain as an adjunct to rest and physical therapy. It is not indicated for long term use. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol-Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Carisoprodol(Soma)

Decision rationale: Per ODG and MTUS-Chronic Pain Medical Treatment Guidelines, Soma is not recommended. The medication is FDA-approved for symptomatic relief of acute musculoskeletal pain as an adjunct to rest and physical therapy. It is not indicated for long term use. Therefore, the request for Carisoprodol-Soma 350mg #60 is not medically necessary and appropriate.

Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply most of this information, unfortunately it is my opinion that the request for Hydrocodone/APAP 10/325 #120 is not medically necessary or appropriate.

Gabapentin tablets 600mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-18.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, AEDs or drug class known as anticonvulsants are recommended for neuropathic pain. There are randomized

controlled trials for the use of the class of medications for the treatment of neuropathic pain studied mostly from post herpetic neuralgia and diabetic neuropathy patients. In review of the medical records, there is documentation of analgesic efficacy for gabapentin and appropriate indications. Therefore, the request for Gabapentin tablets 600mg #120 is medically necessary and appropriate.