

Case Number:	CM14-0185581		
Date Assigned:	11/13/2014	Date of Injury:	01/12/2010
Decision Date:	12/30/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 sustained an injury on 1/12/10 when he fell from a ladder. This resulted in injury to the head and neck, thoracic and lumbar spine, and knees. He subsequently would have an L5-S1 fusion performed on 3/3/12, with a revision fusion procedure and coccyx removal on 7/30/14. Other treatment has consisted of physical therapy, including postoperative therapy, aquatic therapy, trigger point injections, sacroiliac joint blocks, and epidural steroid injection. Medical management by a pain specialist has included oxycodone, gabapentin, baclofen, and amitriptyline. He continues to complain of chronic low back pain radiating to both lower extremities with numbness and tingling. The treating surgeon has requested Soma 350mg twice daily #60, oxycodone 15mg every 6 hours #60, and gabapentin 600mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab po BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Soma

Decision rationale: The MTUS notes that Soma (Carisoprodol) is not recommended for longer than a 2 to 3 week period. It is metabolized to meprobamate, which requires classification as a schedule IV drug in some states. Withdrawal symptoms may occur with sudden discontinuation. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The ODG guidelines state that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. 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). As of January 2012, Carisoprodol is scheduled by the DEA as a Schedule IV medication. 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. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case the medical records document the request for Soma 350mg twice daily for 1 month, which exceeds the 2 to 3 week recommendation. There is also documentation of concurrent use of baclofen, another muscle relaxer. The request for Soma 350mg #60 is not consistent with the MTUS and ODG guidelines and is not medically necessary.

Oxycodone 15mg 1 tab Q6h #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-83,92.

Decision rationale: The MTUS notes that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of oxycodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records do document decrease in pain level from 8-10/10 to 4-5/10 with medications and no side effects. The records do not provide review and documentation of functional status with objective functional improvement, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There has not been any documented attempt to decrease or wean medication over time. The utilization review noted that the surgeon's current request for oxycodone 15 mg every 6 hours is not consistent with the documentation of oxycodone 10 mg 3 times daily by the pain management specialist. These apparently conflicting recommendations must be resolved. Appropriate documentation for continued use of oxycodone should be

provided as noted in the guidelines above. Without the required documentation, the request for oxycodone 15mg every 6 hours #60 is not medically necessary.

Gabapentin 600mg 1 tab po BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 18, 19.

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

Decision rationale: Gabapentin is an anti-epilepsy drug. The MTUS recommends use of antiepileptic drugs for neuropathic pain. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized control trials directed at central pain and none for painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to the use of antiepileptic drugs is defined as a 50% reduction in pain and a moderate response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects and concurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. 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 medical records provided do note that Gabapentin, as a part of his total medication regimen, has resulted in decreased pain levels. He tolerates Gabapentin well without side effects. The medical records do demonstrate neuropathic pain with bilateral lumbar radiculopathy. The primary treating physician should better document actual functional improvement associated with the use of Gabapentin however, the use of Gabapentin in this case is appropriate within the MTUS guidelines. The prior utilization review decision is reversed and the request for Gabapentin 600 mg #120 is medically necessary.