

<b>Case Number:</b>	CM14-0027233		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/08/1989
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 60-year-old female who was reportedly injured on December 8, 1989. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 20, 2014, is difficult to read and indicates that there are ongoing complaints of neck pain, low back pain, shoulder pain, and headaches as well as numbness and tingling in the right arm. The physical examination demonstrated decreased cervical spine range of motion along with muscle spasm. A request had been made for MS Contin, Percocet, Neurontin, Soma, and Wellbutrin and was not certified in the pre-authorization process on February 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin 100mg quantity: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

**Decision rationale:** According to the medical records provided the injured employee has been on opioid medications prolonged period of time. While there is a note attached stating what first-line medications were not working and what other therapies were previously used, there is still

no documentation of an objective measurable pain score in comparison to baseline. This should be documented at every visit. There is no notation of this including the most recent visit. There is also no comments regarding adverse effects of these medications, or screening for potential abuse/addiction. Without these issues being addressed continued usage of MS Contin is not medically necessary.

**Percocet 10/325mg quantity: 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, long-term assessment Page(s): 88.

**Decision rationale:** According to the medical records provided the injured employee has been on opioid medications for a prolonged period of time. While there is a note attached stating what first-line medications were not working, and what other therapies were previously used, there is still no documentation of an objective measurable pain score in comparison to baseline. This should be documented at every visit. There is no notation of this including the most recent visit. There is also no comments regarding adverse effects of these medications, or screening for potential abuse/addiction. Without these issues being addressed continued usage of Percocet is not medically necessary.

**Neurontin 300mg quantity: 60:** Upheld

**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 Gabapentin Page(s): 49.

**Decision rationale:** Neurontin is an anti-epilepsy drug which has shown to be effective for first-line treatment for neuropathic pain. It is unclear from the medical records provided the injured employee has neuropathic pain. The most recent medical record dated February 2, 2014, is largely illegible. It is also unclear if this particular medication has been beneficial to the injured employee in the past. Without this information supplied this request for Neurontin is not medically necessary.

**Soma 350mg quantity: 120:** Upheld

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

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

**Decision rationale:** Soma is a muscle relaxant and a schedule IV controlled substance. Just usage is not recommended by the guidelines. Additionally the most recent medical record dated February 2, 2014, is largely illegible. It is also unclear if this particular medication has been beneficial to the injured employee in the past. Without this information supplied this request for Soma is not medically necessary.

**Wellbutrin 150mg quantity: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** Wellbutrin is a tri-cyclic antidepressant drug which has shown to be effective for first-line treatment for neuropathic pain. It is unclear from the medical records provided the injured employee has neuropathic pain. The most recent medical record dated February 2, 2014, is largely illegible. It is also unclear if this particular medication has been beneficial to the injured employee in the past. Without this information supplied this request for Wellbutrin is not medically necessary.