

Case Number:	CM14-0054829		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2009
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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, 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:

This 62 year-old patient sustained an injury on 9/11/09 while employed by [REDACTED]. Request under consideration include Gabapentin (Neurontin tablets) 600 mg Quantity 90 for a six month period, Soma 10/325 mg Quantity 30 for Six months, Hydrocodone/acetaminophen (Norco tablets) 10/325 mg Quantity 120 for six month periods, and Naproxen (Naprosyn tablets) 375 mg Quantity 780 for a six month period. Diagnoses include Lumbosacral Spondylosis/radiculopathy; cervical radiculopathy. Report of 3/27/14 from the provider noted the patient with chronic low back pain complaints bilaterally made worse with activities. Exam showed antalgic gait; somewhat stooped posture. Exam showed bilateral lumbosacral paraspinous tenderness. Treatment included refill of medications. Report of 4/14/14 from the provider noted patient with chronic neck and low back pain that continues to worsen associated with dysesthetic pain and numbness radiating down both upper extremities into fingers; chronic low back with intermittent radicular symptoms. Current medications list Naprosyn, Neurontin, Norco, Soma. Exam showed cervical spine with paraspinous tenderness; no palpable Trigger points; limited range with flex/ext/lateral rotation of 35/30/40 degrees; positive Spurling's; mild bilateral lumbosacral paraspinous tenderness with limited lateral flex/ext of 20/15 degrees; decreased sensation in right C6-7. The request for Gabapentin (Neurontin tablets) 600 mg Quantity 90 for a six month period, Soma 10/325 mg Quantity 30 for Six months, Hydrocodone/acetaminophen (Norco tablets) 10/325 mg Quantity 120 for six month periods, and Naproxen (Naprosyn tablets) 375 mg Quantity 780 for a six month period were non-certified on 4/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (Neurontin tablets) 600 mg #90 for a six month period: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19: Gabapentin (Neurontin, Gabarone, generic available Page(s): 18-19.

Decision rationale: Reports of 3/27/14 and 4/14/14 from the provider noted the patient with chronic ongoing radicular low back and neck pain complaints bilaterally made worse with activities. Exam remained unchanged with tenderness of spine, limited cervical and lumbar range; however, without clear myotomal or dermatomal neurological deficits defined. Treatment remained unchanged with refill of medications. Although 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; however, submitted reports have not adequately demonstrated specific indication or clinical findings identifying neuropathic etiology or any neurological deficits relating to recent chronic pain complaints. There is also no specific symptom relief or functional benefit from treatment already rendered. Previous treatment with Gabapentin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin (Neurontin tablets) 600 mg Quantity 90 for a six month period is not medically necessary and appropriate.

Soma 10/325 mg #30 for Six months: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2009. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Soma 10/325 mg #30 for Six months is not medically necessary and appropriate.

Hydrocodone/Acetaminophen (Norco) 10/325 mg #120 for six month periods: 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): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydrocodone/ acetaminophen (Norco tablets) 10/325 mg #120 for six month periods is not medically necessary and appropriate.

Naproxen (Naprosyn) 375 mg #780 for a six month period: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. The Naproxen (Naprosyn) 375 mg #780 for a six month period is not medically necessary and appropriate.