

<b>Case Number:</b>	CM14-0076845		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/10/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Illinois. 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 49-year-old male who reported injury on 02/10/2002. The mechanism of injury was the injured worker fell off of a scaffolding. The injured worker was noted to have undergone multiple MRIs and x-rays. The injured worker underwent an EMG/NCV. The surgical history included an arthroscopy, shrinkage of the ACL and meniscectomy in 2009. The medication history included Soma, Ambien, gabapentin, Topamax, Fioricet, naproxen and opiates since 2012. Prior treatments included physical therapy and a TENS unit, as well as ice and medications. The documentation of 04/11/2014 revealed the injured worker had pain of 7/10 to 10/10. The injured worker was noted to be utilizing a back brace and a cane. The injured worker was noted to be on Soma for spasms and gabapentin for numbness and tingling. The physical examination revealed a decreased range of motion. The diagnoses included EMG evidence of carpal tunnel syndrome, depression, discogenic cervical condition and discogenic lumbar condition. The treatment plan included medications to decrease his pain level. The injured worker was noted to rest in a recliner for the majority of the day. The treatment plan included Soma 375 mg #120, Neurontin 600 mg #240 for neuropathic pain, Cialis 5 mg #30 for sexual dysfunction, OxyContin 40 mg #60 for pain, Vicodin 5/300 mg #120 for pain, Ambien 10 mg #30 for insomnia and hydrochlorothiazide 25 mg #35 for hypertension. There was no DWC form RFA submitted for the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 375mg, qty 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page 63 Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The documentation indicated the injured worker had utilized the medication for greater than 2 years. There was a lack of documentation of exceptional factors to warrant no adherence to guideline recommendations. The request, as submitted, failed to indicate the frequency for the requested medication. There was a lack of documented efficacy. Given the above, the request for Soma 375 mg quantity 120 is not medically necessary.

**Soma 375mg, qty 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page 63 Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The documentation indicated the injured worker had utilized the medication for greater than 2 years. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request, as submitted, failed to indicate the frequency for the requested medication. There was a lack of documented efficacy. Given the above, the request for Soma 375 mg quantity 120 is not medically necessary.

**Neurontin 600mg, qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, page 16 Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The documentation indicated the injured worker had utilized the medication for greater than 2 years. The clinical documentation submitted for review indicated the injured worker was utilizing the

medication for neuropathic pain. However, there was a lack of documentation of the above criteria. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600 mg quantity 240 is not medically necessary.

**Neurontin 600mg, qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, page 16 Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The documentation indicated the injured worker had utilized the medication for greater than 2 years. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for neuropathic pain. However, there was a lack of documentation of the above criteria. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600 mg quantity 240 is not medically necessary.

**Oxycontin 40mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had utilized the medication for greater than 2 years. There was a lack of documentation of the above criteria. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 40 mg quantity 60 is not medically necessary.

**Oxycontin 40mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had utilized the medication for greater than 2 years. There was a lack of documentation of the above criteria. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for OxyContin 40 mg quantity 60 is not medically necessary.