

Case Number:	CM14-0090437		
Date Assigned:	08/01/2014	Date of Injury:	09/16/2010
Decision Date:	10/07/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 Management 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:

According to the records made available for review, this is a 41-year-old female with a 9/16/10 date of injury, and left L5-S1 decompression on 12/7/12. At the time (5/30/14) of Decision for Neurontin 600mg tablet; 1 capsule 3 times a day as needed for 28 days Qty 84, Norco 10-325mg tablet; 1 tablet every 3 hours as needed for pain for 30 days Qty 240, Diazepam 10mg tablet; 1 every night as needed for 30 days Qty 30, and Soma 350mg tablet; 1 tablet every night as needed for 28 days Qty 10, there is documentation of subjective (radiating chronic low back pain) and objective (tenderness to palpation over the lumbar paraspinal muscles and the sacroiliac joints) findings, current diagnoses (lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome, status post left L5-S1 decompression, and lumbar disc herniation), and treatment to date (medications (including ongoing treatment with Soma and Neurentin (since at least 1/14/14), and Norco and Diazepam (stopped in 2013 and started again since at least 4/11/14))). Regarding Neurontin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review, and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Diazepam, there is no documentation functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diazepam use to date. Regarding Soma, there is no documentation of the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg tablet; 1 capsule 3 times a day as needed for 28 days Qty 84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 24, 29, 65, 78, 80, 91.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome, status post left L5-S1 decompression, and lumbar disc herniation. In addition, there is documentation of neuropathic pain and ongoing treatment with Neurontin. However, , there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 600mg tablet; 1 capsule 3 times a day as needed for 28 days Qty 84 is not medically necessary.

Norco 10-325mg tablet; 1 tablet every 3 hours as needed for pain for 30 days Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 24, 29, 65, 78, 80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of

diagnoses of lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome, status post left L5-S1 decompression, and lumbar disc herniation. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is no documentation of benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10-325mg tablet; 1 tablet every 3 hours as needed for pain for 30 days Qty 240 is not medically necessary.

Diazepam 10mg tablet; 1 every night as needed for 30 days Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 24, 29, 65, 78, 80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome; status post left L5-S1 decompression, and herniation of lumbar disc. In addition there is documentation of ongoing treatment with Diazepam. However, given documentation of records reflecting prescriptions for Diazepam since at least 4/11/14, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition there is no documentation of benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Diazepam 10mg tablet; 1 every night as needed for 30 days Qty 30 is not medically necessary.

Soma 350mg tablet; 1 tablet every night as needed for 28 days Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 24, 29, 65, 78, 80, 91.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-

Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy, facet joint syndrome; status post left L5-S1 decompression, and disc lumbar herniation. In addition, there is documentation of ongoing treatment with Soma and a second line option. However, there is no documentation of acute muscle spasms, acute low back pain, or chronic low back pain. In addition, given documentation of records reflecting prescriptions for Soma since at least 1/14/14, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Soma use to date. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg tab #90 is not medically necessary.