MAXIMUS Federal Services

Case Number:	CM14-0099549		
Date Assigned:	08/01/2014	Date of Injury:	09/07/2006
Decision Date:	09/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old female who has submitted a claim for right leg radiculopathy associated with an industrial injury date of September 7, 2006.Medical records from 2014 were reviewed, which showed that the patient complained of neck pain radiating between the shoulder blades and down the bilateral arms to the hands. Pain was rated 6-7 on VAS. Patient had complaints of low back pain radiating into the right buttocks with numbness and pain radiating down the right anterior and posterior thigh through the shin and calf into the foot. Examination revealed decreased sensation over the right C4 dermatome distribution and over the left C6, C7 and C8 dermatome distribution. Muscle strengths of muscle groups in the bilateral upper extremity are all 5/5. Bilateral biceps, triceps and brachioradialis reflexes are 1+. Examination of the lumbar spine revealed decreased sensation over the right L# and S1 dermatome, bilateral knee and ankle reflexes rated 1+, and muscle strength of muscle groups in the lower extremities rated 5/5. Straight leg raise was negative bilaterally at 90 degrees. An MRI of the sacrum and coccyx dated 4/1/14 showed mild central canal stenosis of L1-2 and L2-3 with ligament flava hypertrophy. Treatment to date has included surgery and medications such as Ambien, Gabapentin, Lipitor, Lisinopril-hydrochlorothiazide, Norco, Omega-3, paroxetine, promethazine, Soma and Synthroid. Utilization review from June 4, 2014 denied the request for Dilaudid 4mg #90, Gabapentin 600mg #90 with 5 refills and Soma 350mg #120 with 1 Refill. The request for Dilaudid was modified to #60 without refills because documentation indicating the frequency the claimant is using the medication was not available. The request for Soma was not certified because guidelines only recommend short-term use. The request for gabapentin was modified to #90 with 2 refills due to medication guideline non-compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #90: 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): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been on Dilaudid since at least January 2014. The patient stated that the medication reduces the pain to a level where she can tolerate ADLs. There was an effort to use the lowest possible dose as this medication was used only for breakthrough pain. A urine testing was conducted on 2/11/14. However, given that the medication was used only for breakthrough pain, there was no specific information indicating how often she used the medication. The frequency by which the patient took the medication is necessary to confirm efficacy as well as justify the current amount being requested. Therefore, the request for Dilaudid 4mg #90 is not medically necessary.

Soma 350mg #120 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Pain Procedure Summary, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as early as January 2014. The guideline does not support use of more than 3 weeks. The medical necessity has not been established. Therefore, the request for Soma 350mg #120 with 1 Refill is not medically necessary.

Gabapentin 600mg #90 with 5 Refills: 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): 18-19.

Decision rationale: According to page 18-19 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. It is also recommended as a trial for chronic neuropathic pain that is associated with spinal cord injury, fibromyalgia, and lumbar spinal stenosis. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the patient was prescribed Gabapentin 600mg TID on June 25, 2014. The patient presented with signs and symptoms consistent with lumbar spinal stenosis including decreased sensation in the lower extremities following a dermatome distribution and consistent MRI findings. However, the request for 90 fills with 5 refills, given the TID dosing, exceeds the amount prescribed by the guidelines for an adequate trial. A lower amount is justifiable at this time. Therefore, the request for Gabapentin 600mg #90 with 5 Refills is not medically necessary.