

Case Number:	CM15-0131300		
Date Assigned:	07/17/2015	Date of Injury:	05/19/2014
Decision Date:	08/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 (IW) is a 40 year old male who sustained an industrial injury on 05/19/2014. He reported immediate onset of significant low back pain after hyper-extending his back when he picked up a heavy stack of pipe. The injured worker was diagnosed as having lumbar, thoracic and cervical pain. Treatment to date has included oral medications, IM injections, trigger point injections, physical therapy, and assistive devices (a cane). The worker had a Transforaminal Epidural Steroid Injection L5; S1 left sided on 03/02/2015. Radiographic imaging included: MRI of the cervical spine (06/26/2014), of the thoracic spine (06/26/2014), the lumbar spine (05/20/2015) and (06/26/2014), and EMG/NCS (electromyogram/ nerve conduction studies) of the bilateral lower extremities (11/11/2014). Currently, the injured worker complains of ongoing pain in the low back radiating down to the testicles and the left leg. The pain is rated a 10 on the scale of 0-10 and is reduced to a 6-7 on the scale of 0-10 with medications. The worker relates that he noticed the testicular pain after he ran out of Gabapentin. On examination, there is tenderness and guarding in the lumbar paraspinal musculature. There are rigid muscle spasms to the right of midline in the lumbar paraspinal musculature over approximately the T10 region. Range of motion of the lumbar spine is decreased secondary to pain. Sensation is decreased in the foot. Examination of the bilateral lower extremities demonstrates no focal atrophy, tremor, fasciculation or ataxia. Current medications include Neurontin, Soma, and Norco. The worker states his pain is decreased and his function improved with his current medication regimen. There are no adverse side effects, or incidence of aberrant behaviors with the medications. Treatment plans include medications

refills. Tentative plans include administration of a nerve block, and if that fails, a possible a laminectomy. Diagnoses include: 1. 2.5 mm disc protrusion, L4-5 associated with left posterolateral annular fissure/tear causing bilateral neural foraminal and left lateral recess stenosis and minimal central canal stenosis. 2. Facet Arthropathy, L4-5, 3/5 mm disc protrusion, L3-4 associated with minimal central canal stenosis. 3. Advanced degenerative disc disease, L3-4. 3.5 mm disc protrusion, L5-S1 without central canal or neural foraminal stenosis. 5. Lumbar radiculopathy, left lower extremity. A request for authorization was made for the following: 1. Neurontin 600mg #90 with 3 refills 2. Soma 350mg #30 with 3 refills. 3. Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

Decision rationale: Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AED) are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested gabapentin (Neurontin) is not medically necessary.

Soma 350mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the

documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

Norco 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.