

<b>Case Number:</b>	CM15-0148649		
<b>Date Assigned:</b>	08/25/2015	<b>Date of Injury:</b>	05/07/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury on 5-7-2011. She was injured by lifting a box of coins overhead causing an episode of lower back pain. She has reported lumbar spine pain radiating into the left buttock and has been diagnosed with multilevel degenerative disk disease lumbar spine with L3-4 and L4-5 degenerative disk disease and left neural foraminal narrowing with progression at L4-5. Treatment has included medications, injection, acupuncture, and TENS. Examination of the back and lower extremities noted posture, muscle spasm, and tenderness in the lumbar spine remained unchanged from prior examination. There was mild tenderness to percussion in the lumbar spine. The treatment plan included refills for pain medications. The treatment request included Norco 10-325 # 120, Soma 350 mg # 30, and Gabapentin 100 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 18, and 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs Page(s): 16.

**Decision rationale:** CA MTUS states that Gabapentin is shown to be effective for treatment of painful diabetic neuropathy and postherpetic neuralgia. Gabapentin is considered a first-line agent for neuropathic pain. The patient's low back pain is only intermittent, with radiation down both legs. Continuous use does not appear to be indicated. In addition, the patient's physician states that Gabapentin is no longer required. Therefore, the request is not medically necessary.

**Norco 10/325mg PO Q 6hrs #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic use Page(s): 80.

**Decision rationale:** CA MTUS states that ongoing opioid treatment is supported if the prescriptions are from a single provider, are prescribed at the lowest possible doses and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, there is no improvement in symptoms or functional improvement from previous visits with the use of Norco. The documentation submitted for review does not include patient use, progress and response to opiates. Since Norco is indicated for short-term use, the request fails to establish the necessity for long-term use and is not medically necessary.

**Soma 350mg PD Daily #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29.

**Decision rationale:** CA MTUS Guidelines note that SOMA is not recommended for chronic or long-term purposes, particularly when used in conjunction with opioids. In this case, the claimant is using Norco, an opioid, concurrently. It is further noted that the claimant has failed to achieve any lasting benefit or functional improvement with the ongoing use of SOMA. SOMA is beneficial as a second-line option for short-term treatment of acute low back pain or acute exacerbations. It is not recommended for long-term use due to risks of dependency. There is no evidence that SOMA has any benefits beyond NSAIDs. Therefore, based on the findings above, the request is not medically necessary or appropriate.