

<b>Case Number:</b>	CM15-0163309		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/07/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63 year old male who sustained an injury on 5-7-08. Initial symptoms and complaints from the injury are not included in the medical reports. The follow-up pain management evaluation exam on 7-13-15 reports the IW has chronic recurrent intractable pain condition with his lumbar spine. Previous lumbar fusion surgery with revision developed a failed back syndrome with recurrent radiculopathy. A spinal cord stimulator and pain medication is being utilized to manage his chronic pain condition. The pain medications provide 50-70 % relief overall; pain is rated 9 out of 10 with the medication. Current medications are Percocet 10-325 up to three times per day; Soma 350 mg, three times per day for muscle spasm and nerve irritation; Gabapentin 600 mg three times per day; Effexor XR 150 mg for depression; Prilosec as needed for gastrointestinal irritation and Lidoderm patch as needed for hypersensitivity in the surgical back area; Flurbiprofen 20% topical cream. The physical examination vertebral reveals moderate tenderness to palpation over the L405 and L5-S1 lumbar interspaces; muscle guarding over the bilateral erector spine muscle and gluteus maximus region; straight leg raising test is positive in the bilateral lower extremity at 45 degree angle in a sitting position. Diagnoses include status post revision, lumbar fusion; lumbar fusion with failed back syndrome; status post permanent implantation of the spinal cord stimulator; lumbar radiculopathy; C5-6 cervical disc derangements with recent severe flare up; right cervical radiculopathy. It was recommended to continue the current medication. Current requested treatments Percocet 10-325 mg #90; soma 350 mg, #90 and Neurontin 600 mg, #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**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 Percocet, California Pain Medical Treatment Guidelines state that this 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use noted. In light of the above, the currently requested Percocet is medically necessary.

**Soma 350mg, #90:** 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 Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, 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 Soma is not medically necessary.

**Neurontin 600mg, #90:** Overturned

**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 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 identification of any specific analgesic benefit and objective functional improvement. As such, the currently requested gabapentin (Neurontin) is medically necessary.