

Case Number:	CM15-0166572		
Date Assigned:	09/10/2015	Date of Injury:	07/21/2003
Decision Date:	10/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 49 year old male, who sustained an industrial injury on July 21, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar discogenic disease with radiculitis and chronic low back pain. Medical records (March 11, 2015 to August 5, 2015) indicate ongoing low back pain, which was rated at a 8-9 out of 10 without medications and 4 out of 10 with medications. Records also indicate he had to climb phone poles which caused increased pain and he continued to miss work due to his pain was unbearable. He was able to perform his daily activities such as standing, walking, sitting, and exercising with his medications. He cannot walk long distances. Per the treating physician (August 5, 2015 report), the injured worker was placed on modified work duties, which included no ladder or pole climbing. The physical exam (March 11, 2015 to August 5, 2015) reveals lumbar spine spasms, limited and painful range of motion, a positive right straight leg raise at 60 degrees, 4 out of 5 bilateral motor weakness, decreased sensation at bilateral L5-S1 (lumbar 5-sacral 1), pain at the right L5-S1 and left L4 (lumbar 4). On July 22, 2015, a MRI of the lumbar spine revealed degenerative grade 1 retrolisthesis of L5 on S1, and disc desiccation at L4-5 (lumbar 4-5) and L5-S1 with associated loss of disc height at these levels. At L3-4 (lumbar 3-4), L4-5, and L5-S1, there were broad-based posterior disc herniations causing spinal canal stenosis and the bilateral lateral recess with contact on the bilateral L4 (lumbar 4), L5, and S1 transiting nerve roots. There was concurrent hypertrophy of the facet joints and ligamentum flava contributing to right neural foraminal stenosis that contacted the right L3 exiting nerve roots, bilateral neural foraminal

stenosis that contacted the right L4 exiting nerve roots, and bilateral neural foraminal stenosis that deviated the bilateral L5 exiting nerve roots. Treatment has included physical therapy, a home exercise program, a lumbar epidural steroid injection in 2013, and medications including pain (Norco since at least November 2014), proton pump inhibitor (Prilosec since at least March 2015), anti-epilepsy (Neurontin since at least March 2015), muscle relaxant (Soma since at least May 2015), and non-steroidal anti-inflammatory. The requested treatments included Neurontin 600mg, Norco 10-325mg, Prilosec 20mg, and Soma 350mg. On August 12, 2015, the original utilization review non-certified requests for Neurontin 600mg #30, Norco 10-325mg #180, Prilosec 20mg #60, and Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: According to the CA MTUS, Gabapentin (Neurontin) is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the indications and specific symptomatic and functional benefit from the AEDs used to date. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of any reports which address this medication, and the lack of significant symptomatic and functional benefit from its use to date. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of

pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the CA MTUS, proton pump inhibitors (PPIs), such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Naproxen was not found to be medically necessary. Medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Carisoprodol (Soma).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.