

Case Number:	CM15-0208502		
Date Assigned:	10/27/2015	Date of Injury:	08/08/2008
Decision Date:	12/09/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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: Preventive Medicine, Occupational 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 is a 62 year old male, who sustained an industrial injury on 8-8-2008. The injured worker was being treated for cervical disc disorder with radiculopathy, postlaminectomy syndrome not elsewhere classified, lumbago with sciatic-left side, and right carpal tunnel syndrome. The injured worker (7-29-2015, 8-26-2015, and 9-30-2015) reported ongoing neck pain with headaches, bilateral upper extremity weakness, and low back pain and lower extremity numbness and tingling. On 9-3-2015, the injured worker reported increased back pain and lower extremity weakness and numbness after falling twice since the last visit. The injured worker reported inability to cook, shower, and clean without a risk of falling due to the medication reduction. The injured worker rated his pain as 5 out of 10 on 7-29-2015 and 8-26-2015, as 9 out of 10 on 9-30-2015. The physical exam (7-29-2015, 8-60-2015, and 9-30-2015) revealed asymmetry of the neck and shoulders with left sided tilting of the head and neck, tenderness to palpation of the right trapezius tenderness, 2+ spasms in the cervical paravertebral muscles, and restricted cervical range of motion. The treating physician noted decreased sensation to light touch of the upper extremity over the cervical 6 and 7 dermatomes. The treating physician noted full range of motion of the bilateral shoulders, elbows, wrists, and hands without motor or sensory deficits. The treating physician noted bilateral paralumbar spasms and 2+ tenderness, quadriceps atrophy, limited lumbar range of motion due to pain, and decreased sensation to light touch of the right lateral foot. Surgeries to date have included a prior C5-& (cervical 5-7) cervical fusion with hardware removal, inspection of fusion mass, and re-grafting screw holes on 5-8-2015. Treatment has included physical therapy, ice, and medications including pain (Percocet since at least 5-2015), muscle relaxant (Soma since at least 5-2015), and anti-epilepsy (Neurontin since at least 5-2015). The requested treatments included Neurontin 600mg, Soma 350mg, and Percocet 10-325mg. On 9-30-2015, the original utilization review non-certified a request Soma 350mg and modified requests for Neurontin 600mg and Percocet 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, 30days, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. The clinical documentation does show that the injured worker has neuropathic symptoms. The injured worker has been prescribed this medication since at least May-2015, without objective documentation of significant pain relief or increase in function. The request for Neurontin 600mg, 30days, #90 is determined to not be medically necessary.

Soma 350mg, 30 days #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The request for Soma 350mg, 30 days #15 is determined to not be medically necessary.

Percocet 10/325mg, 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribe Percocet since at least May-2015, without objective evidence of specific functional improvements. Additionally, he is being prescribed a second opioid from a different provider, which is not supported by the guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Percocet 10/325mg, 30 days #60 is determined to not be medically necessary.