

Case Number:	CM15-0040143		
Date Assigned:	03/10/2015	Date of Injury:	08/03/1992
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47-year-old male, who sustained an industrial injury on 8/3/1992. The details of the initial injury were not submitted for this review. The diagnoses have included insomnia, anxiety, lumbago, thoracic/lumbosacral neuritis/radiculitis, and post laminectomy syndrome, lumbar region. Treatment to date has included medication therapy, lumbar epidural with greater than 60% reduction in pain, and insertion of a spinal cord stimulator. Currently, the IW complains of continued low back pain associated with right radicular pain. The physical examination from 2/17/15 documented lumbar tenderness with palpable hardware, wound healed with no signs of infection. Range of Motion (ROM) was decreased with a positive sitting straight leg raise. There were bilateral lumbar muscle spasms and decreased lower extremity strength note. The plan of care included continuation of medication therapy as previously prescribed, home exercises and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 400mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) / anti-convulsants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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". There is no documentation that the patient sustained a neuropathic pain. Therefore, the prescription of Neurontin 400mg #90, with 2 refills is not medically necessary

Soma 350mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or functional improvement. There is no justification for prolonged use of Soma. The request for Soma 350mg #90, with 2 refills is not medically necessary.

Methadone HCL 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with these medications. As an opioid, Methadone should be used in the context of a well-established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient continues to have severe pain despite the use of Methadone. Furthermore, it appears that a multidisciplinary approach was not used in this patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone is not medically necessary.