

Case Number:	CM15-0052744		
Date Assigned:	03/26/2015	Date of Injury:	10/25/2013
Decision Date:	05/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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, Washington

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 male who reported an injury on 06/26/2007 due to an unspecified mechanism of injury. On 03/20/2015 he presented for a follow-up evaluation of his low back pain. It was noted that he was status post laminectomy on an unspecified date. He presented to the office evaluation for trigger point injections to the low back. He noted that the pain was localized to the right sided superior gluteal area. His medications at the time included Effexor XR 75 mg, gabapentin 600 mg, ibuprofen 600 mg, naproxen 500 mg, Norco 10/325 mg, Soma 350 mg, and trazodone 100 mg. On examination he had a normal gait and posture. There were trigger points noted over the right superior gluteal muscle and pain behaviors were expected with the context of his disease. His neurological examination was noted to be normal. He was provided with trigger point injections and diagnosed with myositis, lumbosacral radiculitis, lumbar postlaminectomy syndrome, fibromyositis, displacement of the lumbar intervertebral disc without myelopathy, low back pain, neck pain, lumbosacral neuritis. Treatments to date have included surgery, medications, and epidural steroid injections. The treatment plan was for the injured worker to undergo an epidural steroid injection and continue his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #180 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The documentation provided does not indicate that the injured worker was having a quantitative decrease in pain or an effective improvement in function with the use of this medication to support its continuation. Also, 5 refills of this medication would not be supported without a re-evaluation to determine treatment success and frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. There is a lack of documentation showing that the injured worker had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Soma 350mg #60 with 1 refill: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines Soma is not recommended for use and is not indicated for long term treatment. The documentation submitted for review

does not indicate that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, this medication is not recommended for use by the cited guidelines and therefore it would not be supported. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

ESI at right L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: According to the California MTUS Guidelines repeat epidural steroid injections are recommended where there is documentation that the injured worker has had at least a 50% pain relief with objective improvement in function and a decrease in medication use for at least 6 to 8 weeks. The documentation provided does not show that the injured worker had at least a 50% pain relief following his prior injection nor did it show an objective improvement in function or a decrease in medication use for the stated duration. Without this information the request would not be supported. As such, the request is not medically necessary.