

Case Number:	CM15-0089409		
Date Assigned:	05/13/2015	Date of Injury:	12/28/2004
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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

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 50 year old male, who sustained an industrial injury on 12/28/2004. He has reported injury to the right shoulder and low back. The diagnoses have included lumbar discogenic disease; status post lumbar fusion; status post lumbar hardware removal; and right rotator cuff tear. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, physical therapy, home exercise, and surgical intervention. Medications have included Norco, Neurontin, and Soma. A report from the treating physician, dated 03/31/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain, status post lumbar spine hardware removal; right shoulder pain; low back pain is rated 9/10 on the visual analog scale; and the medications decrease pain and it is improved by 50%, and he is more functional. Objective findings included right shoulder revealing a positive impingement sign; painful range of motion of the right shoulder; tenderness to palpation over the lumbar paraspinal musculature; decreased sensation L4-S1 bilaterally; lumbar spine spasm; painful range of motion; and positive straight leg raising bilaterally. The treatment plan has included the request for Norco 10/325 mg #180; Soma 350 mg #120; Neurontin 600 mg #180; and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the right shoulder and the lower back. The request is for NORCO 10/325 MG #180. Patient is status post lumbar spine hardware removal, date unspecified. Physical examination to the lumbar spine on 03/31/15 revealed tenderness to palpation bilaterally at L4-L5 and decreased sensation at L4-S1 bilaterally. Physical examination to the right shoulder revealed a positive impingement sign. Per 01/27/15 progress report, patient's diagnosis include status post lumbar hardware removal, lumbar discogenic disease, status post lumbar fusion, and right rotator cuff tear. Patient's medications, per 03/31/15 progress report include Norco, Neurontin, and Soma. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." Treater has not provided reason for the request. In this case, treater has not appropriately addressed the 4A's as required by MTUS. The patient has been utilizing Norco since at least 01/27/15, however, treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No USD's, CURES or opioid pain contract were provided. No discussions of change in work status or return to work were provided, either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the right shoulder and the lower back. The request is for SOMA 350 MG #120. Patient is status post lumbar spine hardware removal, date unspecified. Physical examination to the lumbar spine on 03/31/15 revealed tenderness to palpation bilaterally at L4-L5 and decreased sensation at L4-S1 bilaterally. Physical examination to the right shoulder revealed a positive impingement sign. Per 01/27/15 progress report, patient's diagnosis include status post lumbar hardware removal, lumbar discogenic disease, status post lumbar fusion, and right rotator cuff tear. Patient's medications, per 03/31/15 progress report include Norco, Neurontin, and Soma. Patient is temporarily totally disabled. MTUS, Chronic

Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Treater has not provided a reason for the request. Patient presents with low back and shoulder pain. The request is for Soma # 120. MTUS only recommends the use of this drug for 2 to 3 weeks. The prescribed 120 tablets does not imply short-term use. Therefore, the request IS NOT medically necessary.

Neurontin 600mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with pain in the right shoulder and the lower back. The request is for NEURONTIN 600 MG #180. Patient is status post lumbar spine hardware removal, date unspecified. Physical examination to the lumbar spine on 03/31/15 revealed tenderness to palpation bilaterally at L4-L5 and decreased sensation at L4-S1 bilaterally. Physical examination to the right shoulder revealed a positive impingement sign. Per 01/27/15 progress report, patient's diagnosis include status post lumbar hardware removal, lumbar discogenic disease, status post lumbar fusion, and right rotator cuff tear. Patient's medications, per 03/31/15 progress report include Norco, Neurontin, and Soma. Patient is temporarily totally disabled. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not discussed reason for the request. In review of the medical records provided, Neurontin was prescribed in progress reports 01/27/15 and 03/31/15. However, the treater has not discussed how this medication significantly reduces patient's pain and helps with activities of daily living. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request does not meet all the criteria listed by MTUS, therefore, it IS NOT medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pain treatment agreement, Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain in the right shoulder and the lower back. The request is for URINE DRUG SCREEN. Patient is status post lumbar spine hardware removal,

date unspecified. Physical examination to the lumbar spine on 03/31/15 revealed tenderness to palpation bilaterally at L4-L5 and decreased sensation at L4-S1 bilaterally. Physical examination to the right shoulder revealed a positive impingement sign. Per 01/27/15 progress report, patient's diagnosis include status post lumbar hardware removal, lumbar discogenic disease, status post lumbar fusion, and right rotator cuff tear. Patient's medications, per 03/31/15 progress report include Norco, Neurontin, and Soma. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, patient has been prescribed Norco 01/27/15 and 03/31/15. There are no records of a prior UDS. ODG states that an annual screening is sufficient for "chronic opiate use in low risk patient." The request appears to be reasonable and is within the guideline recommendations and therefore, it IS medically necessary.