

<b>Case Number:</b>	CM14-0147608		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/19/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an injured worker with the diagnoses were disc herniations C5 through C7, status post lumbar spine surgery, bilateral lower extremity radiculopathy, and neurogenic claudication. Date of injury was April 19, 2008. Neurosurgical re-evaluation report dated August 22, 2014 documented subjective complaints of pain and stiffness of her cervical spine radiating pain down the arms, and pain and stiffness to her lumbar spine radiating down the legs, with numbness, tingling and weakness to the lower extremities. Physical examination was documented. The patient's stance is erect and the shoulder girdle is level. The patient walks with a normal gait. Visual examination of the lumbosacral spine reveals well-healed surgical scarring. There is tenderness to palpation over the paraspinal region, with spasms present. Range of motion of the lumbar spine remains limited. There is decreased sensation in the left L4, L5 and S1 dermatomal distributions. Patellar and Achilles reflexes are flat, bilaterally. Dorsalis pedis and posterior tibialis pulses are intact bilaterally. Diagnoses were disc herniations C5 through C7, status post lumbar spine surgery, bilateral lower extremity radiculopathy, and neurogenic claudication. The patient has ongoing pain and symptomatology to her cervical spine and lumbar spine. The patient has required medical consultation, medications, physical therapy, pain management evaluation, lumbar epidural steroid injections, lumbar spine surgery, and diagnostic studies. The patient has been participating in postoperative physical therapy. Treatment plan included Soma, Norco, and Neurontin. Pain management re-evaluation report dated 5/6/14 documented diagnoses of lumbar spine sprain and strain, lumbar spine disc disease, and lumbar radiculopathy. Treatment plan included Gabapentin. Utilization review determination date was 8/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS; Rx 7/22/14 Soma 350mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines Carisoprodol (Soma) Page 29 Muscle relaxants Page 63-65 American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not support the long-term use of muscle relaxants for chronic conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma. Therefore, the request for MEDS; Rx 7/22/14 Soma 350mg #60: is not medically necessary.

**Neurontin 300mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines Gabapentin (Neurontin) Page 18-19

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. The patient's diagnoses include disc herniations C5 through C7, status post lumbar spine surgery, bilateral lower extremity radiculopathy, neurogenic claudication, lumbar spine sprain and strain, lumbar spine disc disease, and lumbar radiculopathy. The medical records and MTUS guidelines support the medical necessity of Gabapentin. Therefore, the request for Neurontin 300mg #60:is medically necessary.