

<b>Case Number:</b>	CM14-0147964		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/03/1992
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/02/2014
<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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old male was reportedly injured on August 31, 1992. The most recent progress note, dated May 15 2014 indicates that there are ongoing complaints of chronic, severe low back pain. The physical examination demonstrated multiple medications, no change in the physical examination reported, in this 5'11", 225 pound individual noted to be normotensive (117/83). Deep tendon reflexes are noted to be intact. There is some tenderness to palpation and a decrease lumbar ranges spine range of motion. The surgical scar is well healed and hardware is palpable just beneath the scar. Diagnostic imaging studies are not noted in this progress note. Previous treatment includes medications, surgical interventions, epidural steroid injections and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on September 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant for Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127.

**Decision rationale:** The MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such with the very specific recommendation of the MTUS against the use of this medication, this medication is not certified. However, abrupt cessation of this medication is not advisable and 30 tablets for weaning is recommended.

**Neurontin 400mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

**Decision rationale:** The MTUS considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence of neuropathic and radicular pain on exam. What is missing is any idea to data to suggest any efficacy or utility with the continued uses medication. As such, the requested medication is not medically necessary.

**Celebrex 200mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain(Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,30, 70 of 126.

**Decision rationale:** MTUS guidelines support the use of Celebrex in select clinical settings of acute and chronic pain in conditions for which NSAIDs are recommended, but there is a significant risk of GI complications. Review of the available medical records, reports chronic low back pain since 1992 but fails to document any risk or signs/symptoms of GI complications. Furthermore, the guidelines only recommend 200 mg a day. Given the lack of clinical documentation to justify deviation from the guidelines, this request is not considered medically necessary.

**Pantoprazole Sodium 20mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 68 of 127.

**Decision rationale:** This is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. There is no documentation of any gastroesophageal reflux disease or gastrointestinal distress. Therefore, there is insufficient clinical data presented to support this request.

**Methadone HCL 10mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation  
<http://www.agencymeddirectors.wa.gov/opioidsdosing.asp>National Guidelines Clearing house

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62 of 127..

**Decision rationale:** As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of this medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. This medication is used with caution and those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress notes presented do not support that each of these criterion have been met. Therefore, the ongoing use of this medication is not determined to be medically necessary.