

Case Number:	CM14-0215803		
Date Assigned:	01/05/2015	Date of Injury:	07/30/2002
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Pennsylvania, Ohio, 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 37 year old male with a date of injury of July 30, 2002. Results of the injury include tenderness of the lumbosacral spine. Diagnosis include failed back syndrome, radiculitis bilateral, myofascial pain, and failed attempt to wean from methadone. Treatment history has included gabapentin, cymbalta, methadone, percocet, and Soma. Radiographic results are unavailable. Progress report dated November 21, 2014 showed tenderness at the lumbosacral junction without myospasm. Range of motion reveals approximately thirty degree flexion and ten degree extension. Work Status was noted as total temporary disabled. The treatment plan included neurontin, percocet, methadone, soma. Utilization review form dated December 12, 2014 non certified Neurontin 800 mg 1 tab three times a day, QTY 90, Percocet 10/325, 1 tab four times a day QTY 120, Methadone 10 mg 1 tab every day QTY 60, and Soma 350 mg 1 tab twice a day QTY 60 due to noncompliance with MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800 mg, 1 tab, thrice a day, quantity: 90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: Neurontin is recommended as first-line treatment for neuropathic pain, such as is documented in this case. Treatment records document patient reports of improvement of neuropathic symptoms with this medication without limiting adverse side effects. Therefore this request is medically necessary based upon MTUS guidelines.

Percocet 10/325 mg, 1 tab four times a day quantity: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78 and 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the need for dosage titration against functional goals and continuation of medications only if there is clear documentation of functional benefit not achievable without opioid treatment. Moreover these guidelines do not encourage chronic opioids for chronic back pain due to a lack of probable efficacy. The records in this situation do not document a diagnosis nor verifiable functional benefit to support chronic opioid use. This request is not medically necessary.

Methadone 10 mg, 1 tab, every day quantity: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78 and 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the need for dosage titration against functional goals and continuation of medications only if there is clear documentation of functional benefit not achievable without opioid treatment. Moreover these guidelines do not encourage chronic opioids for chronic back pain due to a lack of probable efficacy. The records in this situation do not document a diagnosis nor verifiable functional benefit to support chronic opioid use. This request is not medically necessary.

Soma 350 mg, 1 tab twice a day, quantity: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS does not support some as indicated for chronic use. Long-term benefit is not noted in the guidelines; additionally, the guideline raises concern about potential abuse, particularly in combination with opioids as in the current situation. The records do not provide an alternate rationale to support an indication for or benefit from Soma. This request is not medically necessary.