

<b>Case Number:</b>	CM15-0063349		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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, who sustained an industrial injury on 7/30/02. The injured worker has complaints of back pain with tenderness at the lumbosacral junction without myospasms. The diagnoses have included failed back syndrome; radiculitis bilateral; failed weaning attempt from methadone. Treatment to date has included neurontin; percocet; methadone; soma and cymbalta. The request was for gabapentin 800mg #90, 1 tablet 3 times a day; methadone 10mg #60, 1 tablet every morning and some 350mg #60, 1 tablet twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg #90, 1 tablet 3 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The injured worker sustained a work related injury on 7/30/02. The medical records provided indicate the diagnosis of failed back syndrome; radiculitis bilateral; failed weaning attempt from methadone. Treatment to date has included neurontin; percocet; methadone; soma and cymbalta. The medical records provided for review do not indicate a medical necessity for Gabapentin 800mg #90, 1 tablet 3 times a day. The MTUS recommends the use of the antiepileptic drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The disease conditions where the antiepileptic drugs have been found useful include: Spinal cord injury Complex Regional Pain Syndrome, Fibromyalgia, Lumbar spinal stenosis, Post Op pain. Painful polyneuropathy: Post herpetic neuralgia. The records indicate the use of this medication predates 08/2014, but the pain has progressively worsened.

**Methadone 10mg #60, 1 tablet every A.M.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 7/30/02. The medical records provided indicate the diagnosis of failed back syndrome; radiculitis bilateral; failed weaning attempt from methadone. Treatment to date has included neurontin; percocet; methadone; soma and cymbalta. The medical records provided for review do not indicate a medical necessity for Methadone 10mg #60, 1 tablet every A.M. Methadone is an opioid medication recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker has been using this medication at least since 08/2014, but with no improvement in pain and function. The records indicate the injured worker is not being monitored for pain control, adverse effects activities of daily living and aberrant behavior.

**Soma 350mg #60, 1 tablet twice a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 7/30/02. The medical records provided indicate the diagnosis of failed back syndrome; radiculitis bilateral; failed weaning attempt from methadone. Treatment to date has included neurontin; percocet; methadone; soma and cymbalta. The medical records provided for review do not indicate a medical necessity for Soma 350mg #60, 1 tablet twice a day. Carisoprodol (Soma) is a muscle relaxant recommended to be taken no longer than a 2 to 3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The records indicate the injured worker's use of this medication predates 08/2014, but there has been no improvement.