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| Case Number: | CM15-0066081 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 06/10/2005 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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, California
 Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 01/16/2004. He has reported subsequent neck and low back pain and was diagnosed with degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, lumbar disc displacement and lumbar radiculopathy. Treatment to date has included oral pain medication, epidural steroid injection, application of heat and ice and physical therapy. In a progress note dated 02/10/2015, the injured worker complained of neck and left shoulder pain. Objective findings were notable for tenderness to palpation of the cervical spine with restricted range of motion and tenderness to the lumbar spine with paralumbar spasm, positive straight leg raise and absent lower extremity deep tendon reflexes at the knees with decreased sensation to light touch on the right. A request for authorization of Soma, Vicodin and Gabapentin was made. The patient has had urine drug screen test on 5/6/11 that was consistent. The medication list includes Zolpidem, Tricor, Gabapentin, Norco, Prilosec, Diltiazem, Simvastatin, and Diclofenac. Per the doctor's note dated 3/17/15 patient had complaints of pain in neck, low back and right hip. Physical examination of the cervical spine revealed tenderness on palpation, limited range of motion and muscle spasm. Physical examination of the bilateral shoulder revealed muscle spasm and limited range of motion. Physical examination of the bilateral wrist and hand revealed limited range of motion, tenderness on palpation, positive Tinel and Phalen sign and muscle weakness. Physical examination of the low back revealed tenderness on palpation, limited range of motion and muscle spasm. The patient has had EMG study that revealed bilateral CTS and

lower extremity neuropathy; MRI of the cervical spine on 4/24/2014 that revealed disc bulge with foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants Page(s): 29 and 63.

Decision rationale: Request: Soma 350mg #30 According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. Patient had a chronic injury and evidence of acute exacerbations in pain was not specified in the records provided. The date of injury for this patient is 1/16/2004. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Soma 350mg #30 is not established for this patient.

Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Opioids, dosing; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Vicodin is an opioid analgesic; according to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of

non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Vicodin is not established for this patient.

Gabapentin 600mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: Gabapentin 600mg #90. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ Gabapentin 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. Spinal cord injury: Recommended as a trial for chronic neuropathic pain “Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit.” This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. He has reported subsequent neck and low back pain and was diagnosed with degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, lumbar disc displacement and lumbar radiculopathy. In a progress note dated 02/10/2015, objective findings were notable for tenderness to palpation of the cervical spine with restricted range of motion and tenderness to the lumbar spine with paralumbar spasm, positive straight leg raise and absent lower extremity deep tendon reflexes at the knees with decreased sensation to light touch on the right. The patient has had EMG study that revealed bilateral CTS and lower extremity neuropathy; MRI of the cervical spine on 4/24/2014 that revealed disc bulge with foraminal narrowing, the patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptic like Gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support

the use of Gabapentin 600mg #90 in patients with this clinical situation therefore the request is deemed medically necessary.