

<b>Case Number:</b>	CM14-0180152		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/16/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Preventive Medicine, has a subspecialty in Occupational 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:

Injured worker is a female with date of injury 3/16/2008. Per primary treating physician's orthopedic progress report dated 9/10/2014, the injured worker complains of numbness in the toes and difficulty with walking. She complains about dental pain and teeth pain. She has increasing difficulties due to difficulty getting medications as insurance has denied her to get OxyContin. She has a pending appointment with a spine surgeon. She was non-certified for a foot orthotic. She states that her ulcers have healed from before, however, she feels like they are coming back. Physical examination is reported as unchanged with continued tenderness, reduced ranges of motion and weakness. Diagnoses include 1) moderate major depression, single episode, 2) pain disorder related to psychological factors, 3) sprains and strains of knee and leg not otherwise specified, 4) sprains and strains of ankle not otherwise specified, 5) lumbar sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco, Quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The claims administrator reports prior utilization reviews where opioid pain medications have been modified for weaning purposes. The clinical reports do not indicate functional improvement, reduction in pain, or improvement in quality of life with the chronic use of opioid pain medications. The request is also not accompanied with dose, frequency of use, and total amount of tablets to be dispensed. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The retrospective request for Norco, Quantity: 1 is determined to not be medically necessary.

**Retrospective request for Soma, Quantity: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) section, Weaning of Medications section Page(s): 29, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. The request is also not accompanied with dose, frequency of use, and total amount of tablets to be dispensed. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. The retrospective request for Soma, Quantity: 1 is determined to not be medically necessary.

**Retrospective request for Neurontin, Quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs section Page(s): 16-19.

**Decision rationale:** The MTUS Guidelines recommend gabapentin as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic neuralgia, central pain, peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. The injured worker is diagnosed with sprains and strains with no indication that she is suffering from neuropathic pain. The request is also not accompanied with dose, frequency of use, and total amount of tablets to be dispensed. The retrospective request for Neurontin, QTY: 1 is determined to not be medically necessary.

