MAXIMUS Federal Services

Case Number:	CM13-0024210		
Date Assigned:	11/20/2013	Date of Injury:	05/14/2003
Decision Date:	01/23/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 applicant is a [redacted] employee who has filed a claim for chronic neck pain, bilateral shoulder pain, bilateral hand and arm pain, and bilateral elbow pain reportedly associated with an industrial injury of May 14, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of August 14, 2003, the claims administrator reportedly denied a request for Soma and Lidoderm while approving a urine drug screen. The applicant's attorney later appealed. An earlier progress report of July 31, 2013 is notable for comments that the applicant is reporting 4/10 pain. She is not tolerating Lodine and is having issues with gastric irritation. She is on Vicodin, Lodine, Soma, and Lidoderm patches. She is asked to discontinue Lodine owing to GI distress and employ Celebrex, Vicodin, Soma, and Lidoderm for pain relief. Home exercises are endorsed as is urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with 3 refills: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, Soma or carisoprodol is not recommended for chronic or long-term use purposes, particularly when used in combination with other medications such as opioids. In this case, the applicant is reportedly using Vicodin. Adding carisoprodol or Soma in addition to Vicodin is not recommended by the MTUS Chronic Pain Guidelines as the combination has been shown to generate euphoria. In this case, it is further noted that there is no clear-cut evidence of functional improvement through prior usage of Soma. Therefore, the request for Soma 350mg #90 with 3 refills is not medically necessary and appropriate.

Lidoderm patch 5% #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

Decision rationale: On page 112 of the MTUS Chronic Pain Guidelines, topical Lidoderm patches are recommended for localized peripheral pain or neuropathic pain in individuals who have failed a trial of first-line therapy such as antidepressants or anticonvulsants. In this case, however, there is no evidence that oral antidepressants and/or anticonvulsants have been tried and failed before topical Lidoderm was sought. As with Soma, there is no evidence that the applicant effected any lasting benefit or functional improvement through prior usage of Lidoderm. The applicant did not return to work. There is no evidence that the applicant derived any benefit in terms of reduction in dependence on medical treatment or improved performance of non work activities of daily living through prior usage of Lidoderm. Therefore, the request for Lidoderm patch 5% #60 with 3 refills is not medically necessary and appropriate.