

<b>Case Number:</b>	CM13-0052534		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 30-year-old male who reported an injury on 09/20/2006. The mechanism of injury was not provided. The injured worker is diagnosed with discogenic syndrome in the lumbar spine, lumbar facet arthropathy, muscle spasm, and gastritis. The injured worker was evaluated on 09/16/2013. The injured worker reported lower back pain with muscle spasm. Physical examination on that date revealed diminished reflexes, painful range of motion of the lumbar spine, and palpable muscle spasm in the quadratus lumborum bilaterally. Treatment recommendations included continuation of current medication, as well as a prescription for baclofen 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR BACLOFEN 10MG TABLETS, #720,  
PRESCRIBED 9/16/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 23,64,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the injured worker was also given a prescription for Soma 350 mg. The medical necessity for 2 separate muscle relaxants has not been established. As guidelines do not recommend long-term use of this medication, the current request for baclofen 10 mg quantity #720 cannot be determined as medically appropriate. As such, the request is non-certified.

**RETROSPECTIVE REQUEST FOR PRILOSEC 20MG TABLETS, #60, PRESCRIBED 9/16/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is non-certified.

**RETROSPECTIVE REQUEST FOR SOMA 350MG TABLETS, #120, PRESCRIBED 9/16/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the injured worker has utilized Soma 350 mg since 11/2012. Despite ongoing use, the injured worker continues to demonstrate palpable muscle spasm. The injured worker was also issued a prescription for baclofen 10 mg on 09/16/2013. The medical necessity for 2 separate muscle relaxants has not been established. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

**RETROSPECTIVE REQUEST FOR LIDODERM 5% PATCHES (IN BOXES), #6, PRESCRIBED 9/16/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111.

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

**Decision rationale:** California MTUS Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there is no evidence a trial of first-line therapy with tricyclic or SNRI antidepressants, or an anticonvulsant such as gabapentin or Lyrica. Additionally, the injured worker has utilized Lidoderm 5% patch since 11/2012. There is no indication of a satisfactory response to treatment. Therefore, the request is non-certified.