

<b>Case Number:</b>	CM13-0064048		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient is a 51-year-old female who reported an injury on 09/12/2008. The mechanism of injury was not provided. The patient's medication history included Vicodin, Soma, and Lidoderm as of 2012. The patient had a left wrist volar ganglion removal with arthroscopy, TFCC debridement, and distal ulna wafer excision on 06/10/2013. The documentation of 09/19/2013 revealed the patient had thoracic and lumbar spasms. The patient's diagnoses were noted to include chronic left wrist pain, status post surgery 06/10/2013, chronic cervical pain and thoracic myofascial pain, neuropathic pain of the lower extremities, and constipation due to opiate medications. The treatment plan included a refill of Vicodin, Soma, and Lidoderm pain patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm #80 w. 3:** Upheld

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

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

**Decision rationale:** California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line

therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review indicated the patient was prescribed the medication for chronic low back pain and that the patient had been utilizing the medication since 2012. There was a lack of documentation that the patient had trialed and failed first line therapy, as well as the efficacy of the medication. Additionally, there was a lack of documentation indicating the necessity for 3 refills without re-evaluation. Given the above, the request for Lidoderm #80 w. 3 Refills is not medically necessary.

**Soma 350mg #130:** Upheld

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

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

**Decision rationale:** California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The patient was noted to have spasms upon examination. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 2012. The clinical documentation submitted for review failed to indicate objective functional improvement with the medication. However, as the patient was on the medication for an extended duration of time and there was a lack of documented objective functional improvement, the request for Soma 350mg #130 no refills is not medically necessary

**Vicodin 5mg #130 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. There was a lack of documentation of an objective decrease in the VAS score, and objective improvement in function and evidence that the patient was being monitored for aberrant drug behavior and side effects. Given the above information the request for Vicodin 5mg #130 with no refills is not medically necessary.