MAXIMUS Federal Services

Case Number:	CM13-0065434		
Date Assigned:	01/03/2014	Date of Injury:	01/18/2001
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 Medcine and Rehabilitation, Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 41 year-old female with a 1/18/2001 industrial injury claim. She has been diagnosed with postlaminectomy syndrome of the lumbar region; displacement of thoracic or lumbar disc without myelopathy; spasm of muscle; myalgia and myositis. According to the 10/18/13 report from [redacted], the patient presents with back pain and bilateral leg pain left greater than right with some tingling and numbness. She is managing pain with MS Contin extended release 15mg bid and Norco 10/325mg up to qid; Ativan 0.5mg bid for anxiety and Lidoderm patches, Soma and Ambien. On 12/4/13 UR recommended non-certification for the Soma and Lidoderm. The initial evaluation from [redacted] appears to be on 3/22/13, and he tapered Norco to 4/day, and started on MS Contin 15mg, and tried Lyrica since Gabapentin was not helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350 MG, #30: 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): 63-66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that this medication is not indicated for long-term use, and states it is not recommended for use longer than 3-weeks. Based on the medical records provided for review the patient presents with back pain and bilateral leg pain left greater than right with some tingling and numbness. The treating physician initially evaluated the patient on 3/22/13, and provided follow-up reports on 4/19/13, 5/14/13, 7/19/13, 8/16/13, 9/16/13, and 10/18/13. The reports from 3/22/13 through 9/16/13 do not mention use of Soma (Carisoprodol). The physician's initial prescription was for Soma 350mg qd, #30, for a 30-day supply. The prescription as written, exceeds the maximum duration listed under the MTUS guidelines. The request for Carisoprodol 350 mg, # 30 is not medically necessary and appropriate.

LIDOCAINE PAD 5%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pain Outcomes and Endpoints Page(s): 56-57,8-9.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient met the MTUS criteria for initial use of the Lidoderm patch, having tried other first line medications such as gabapentin for neuropathic pain. However, there is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain or improved function or improved quality of life with the use of Lidoderm patches. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Lidocaine pad 5% is not medically necessary and appropriate.