

<b>Case Number:</b>	CM13-0070903		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/06/1992
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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:

The patient is an employee of [REDACTED] and has submitted a claim for right arm, back and neck pain associated with industrial injury date of January 6, 1992. Treatment to date has included, decompressive neck surgery at C5-C6, physical therapy sessions and atlanto-axial intra-articular facet joint injection, right and occipital-atlantal intra-articular facet joint injection, right. Medications taken since at least December 12, 2012 include, Prilosec 20 mg/tab, 1 tablet as needed for heartburn, Xanax (Alprazolam) 1mg, 1 tab twice a day as needed for stress from pain, Ambien Cr 6.25mg (Zolpidem) tab as needed for insomnia, Desyrel 100mg (Trazodone) for depression from pain, Baclofen 10 mg for muscle spasm, Docusate Sodium 250 mg for constipation, Norco 10/325mg for pain, Oxycontin 40 mg, Skelaxin 800mg, SOMA 350 mg, Topamax 25 mg and Lidoderm patch 5%. Medical records from 2012 to 2013 were reviewed which revealed continuous pain in the right arm, back and neck with a pain scale of 8-9/10. Pain was described as shooting, sharp and stabbing. It is associated with headaches in the right side. Physical examination showed cervical spine diffusely tender over the posterior right more so the left paraspinals and scalene muscles with some spasm felt. Limited for extension and right twisting of the neck chiefly, but also with some pain for forward flexion. Abduction/elevation of right shoulder is limited to only 75 degrees which exacerbates pain shooting from neck and the right upper extremity. Utilization review from December 10, 2013 denied the requests for 30 Lidoderm Patches 5% with 4 refills because there was no documentation of initial trial with first-line therapy, such as gabapentin or Lyrica; and 30 SOMA 350 mg with 4 refills because it is not recommended for long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 LIDODERM PATCHES 5% WITH 4 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-67.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, upon reviewing the medical records provided, there is no evidence of trial of first-line therapy. In addition, patient has been using Lidoderm patch 5% since at least December 12, 2012, and no improvement was noted. Therefore, the request for Lidoderm 5% patch, thirty count with four refills, is not medically necessary or appropriate.

**30 SOMA 350MG WITH 4 REFILLS:** Upheld

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

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

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case, patient has been experiencing chronic neck, arm and low back pain since 1992. Soma, a muscle relaxant, was prescribed since at least 2012. However, there was no significant improvement noted in the patient. In addition, Soma is not recommended for long-term use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for 30 Soma 350 mg with four refills is not medically necessary or appropriate.