

Case Number:	CM13-0072024		
Date Assigned:	01/08/2014	Date of Injury:	07/10/2002
Decision Date:	04/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 and Rehabilitation 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 36 year old female who was injured on 07/10/2002. Mechanism of injury is unknown. Prior treatment history has included two controlled differential dorsal rami medial branch diagnostic blocks 0/29/2007 as well as the following prescription medications: 1. Butrans 20 mcg/hr patch. Flomax 0.4 mg. 2. Lidoderm 5% patch. 3. Lyrica 75 mg. 4. Norco 325-10 mg. 5. Oxybutynin 5 mg. 6. Prilosec 20 mg. 7. Soma 350 mg. The patient underwent L4-5 laminectomy/discectomy in November of 2003, radiofrequency neurolysis to L2 to L5 10/07/2008, and is status post surgical intervention 04/21/2010 for an anterior L4-5 discectomy, L4-5 arthrodesis. PRA-2 dated 11/27/2013 documented the patient to have complaints of low back pain and lumbar complaints. Patient is experiencing back stiffness, numbness in right and left leg, radicular pain in right and left leg, weakness in right and left leg and pain. Patient indicates back flexion worsens condition, hip rotation worsens condition, stretching worsens condition and standing worsens. Severity of condition is an 8/10. Back pain is located in the lumbar area, lower back. Objective findings on exam included neurological examination revealing proprioception sensations normal. Lumbosacral exam reveals negative pelvis thrust, positive FABER maneuver right, positive Gainslen's maneuver right, positive Patrick's maneuver bilateral, pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilateral, secondary myofascial pain with ropey fibrotic banding and spasm bilateral and positive stork test bilateral. S1 dermatome and L5 dermatome demonstrates decreased light touch sensation bilaterally. Right patellar reflex is 1/4. Left patellar reflex and bilaterally Achilles reflex is 2/4. Straight leg raise testing is positive left side and positive right side. There is a positive illiotibial band sign with tenderness to palpation of the illiotibial band as well as pain with provocative testing. The patient does have ropey; spasm bilateral hamstring muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 po qd x 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Carisoprodol (Soma®): Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. According to the guidelines referenced above, Soma is not recommended. The medical records do not establish a rationale that justifies providing a medication that is not supported by the evidence based guidelines. As this medication is not intended for long-term use and continued utilization is not supported by the relevant literature, the medical necessity of Soma 350mg, 1 po qd x 60 is not established.

Prilosec 20mg, 1 po qd x 30, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The medical records do not establish any of the above listed criteria exist in this case that would indicate he is at risk for gastrointestinal events, to warrant access to the proton pump inhibitor.

Lidoderm 5% adhesive patch x 90, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm® (lidocaine patch) Page(s): 56.

Decision rationale: The guidelines state topical lidocaine 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. However, the medical records do not establish this patient has localized peripheral pain or failure with trial of oral first-line therapies. The medical records do not establish this Lidoderm 5% adhesive patch x 90, 3 refills is appropriate or medically necessary for this patient.

Butrans 20mcg/hr patch x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: There is no indication of opiate addiction or that the patient is undergoing detox from opioid use due to addiction in this case. The patient is currently being maintained on Norco, without any evidence or indication of addiction or misuse. It is not clearly established that Butrans is medically necessary in this case.