

Case Number:	CM14-0101943		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2004
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 Texas and Oklahoma. 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 40-year-old female who reported an injury on 11/26/2004. The injured worker reported her injury due to unknown mechanisms. The injured worker's diagnoses were cervical, thoracic and lumbar strain, myofascial pain syndrome, cervical degenerative disc disease, thoracic degenerative disc disease, and lumbar spine degenerative disc disease. The injured worker's prior treatment included aqua therapy. The injured worker's past diagnostics included an MRI scan of the mid back, the low back on 04/27/2005. The MRI of the low back showed a slight foraminal disc bulge at L3-5. A nerve conduction study on 05/04/2005 indicated a mild right carpal tunnel syndrome. MRI of the neck on 08/23/2012 revealed a 2 mm disc bulge at C3-4 and a 2.6 mm disc bulge at C4-5, 1.8 mm disc bulge C5-6. The injured worker complained of continued neck pain with tingling and numbness in her right and left thumbs, index, middle, ring and little fingers with weakness in both arms. The injured worker's medications were Exalgo, hydrocodone, OxyContin, Dilaudid, clonazepam, Biofreeze, Soma, baclofen, Lidoderm patches, methocarbamol. On physical examination dated 05/13/2014, there was pain noted in the right hand and wrist and radiated to the right index and middle fingers. The right hand and wrist pain were increased with writing, torquing, keyboarding, fine manipulation, gripping, grasping, and forceful gripping and grasping, moving her wrist and lifting. There was also report of continued pain to the left hand and wrist with tingling and numbness in the left thumb, index, middle, ring and little fingers as well as weakness in the left hand. The injured worker reported to provider that the mid back pain was increased since the last evaluation. It was present most of the time. Low back pain was reported to remain unchanged since the last evaluation with tingling and numbness into both legs and knees into her feet. The treatment plan is for the request of Soma 350 mg 90 with 3 refills and Lidoderm patch 5% quantity 30 with 3 refills. The rationale for the request was not submitted with

documentation. The Request for Authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty 90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines- Muscles Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment, Muscle Relaxants and Carisoprodol Page(s): 63, 29.

Decision rationale: The request for Soma 350 mg quantity 90 with 3 refills is non-certified. According to the California MTUS Guidelines muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants are effective in reducing pain and muscle tension and increasing functional mobility. However, in most low back pain cases, they show no benefit beyond an NSAID in pain and overall improvement. Chronic pain guidelines state Soma is not recommended or indicated for long term use. It is commonly prescribed as an acting skeletal muscle relaxant that the primary active metabolite is meprobamate. The injured worker has complained of constant back pain with cervical pain that was notated in documentation submitted with review. As per guidelines, muscle relaxants are for short term use with a duration of less than 2 to 4 weeks of treatment for acute exacerbation of low back pain. Documentation that was submitted with review indicates that the injured worker has been taking Soma since at least 02/2014 which exceeds the time frame for this medication. Also, there is lack of documentation within the medical records indicating efficacy of the medication as evidence by significant functional improvement. In absence of the documentation, the request is not supported by guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request for Soma 350 mg quantity 90 with 3 refills is non-certified.

Lidoderm Patches 5% Qty 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Lidoderm patches 5% quantity 30 with 3 refills is non-certified. According to California MTUS Guidelines topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that lidocaine is indicated for neuropathic pain and is recommended for localized peripheral pain after there has been a trial of first line therapies

to include antidepressants and/or antiepileptic drugs, such as gabapentin or Lyrica. Topical lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. The injured worker complains of constant pain to the lower back that radiates down into her lower extremities, as well as neck pain that radiates down into the upper extremities with tingling and numbness into the little fingers, as well as the ring fingers of both hands. There was no documentation indicating that the injured worker has had a failed trial of first line therapies of antidepressants and/or antiepileptic drugs. Efficacy of the medication was not provided to support continuation. In the absence of this documentation the request is not supported by the evidence based guidelines. Additionally, the request failed to mention frequency of the patch, as well as body location for application. As such, the request is non-certified.