

<b>Case Number:</b>	CM14-0103372		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 injured worker is a 45-year-old female who injured her low back, mid back, tail bone, and both legs on 03/19/12. The patient continued to note severe back pain radiating to the buttock and hip as well as bilateral lower extremity pain associated with severe cramping. Treatment to date had 18 sessions of physical therapy. MRI of lumbar spine and ESI were done in 2012. EMG/NCV was done in 2013. She was working part-time on modified duties. On exam, she had tender lumbar paraspinals, and decreased knee jerk compared to left. Nerve root impingement was documented by lumbar spine MRI. The AME report on 01/15/14 noted a history of adverse effects with taking Lyrica. She was not interested in ESI or surgery as reported by [REDACTED] on 02/01/13. Her cervical spine and lumbar spine pain were slight and intermittent in nature. The patient did not want to continue opioid medication and was recommended a low dose of TCA. Diagnoses include degeneration of lumbar intervertebral disc with myelopathy, and lumbar radiculitis. The patient is allergic to penicillin. She is currently on Lidoderm, Percocet, Soma, and Voltaren. The request for Voltaren 1% topical gel, Quantity 120g with 3 refills; Soma 350mg Quantity 120 with 1 refill; and Lidoderm 5% (700mg/patch) adhesive patch, Quantity 30 patches with 3 refill; was denied on 06/10/14 and the request for Percocet 10mg/325mg Quantity 180 was modified to #90 taper off over one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% topical gel, Quantity 120g with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , topical analgesics, Page(s): 111.

**Decision rationale:** Per CA MTUS guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine. In this case, there is no diagnosis of osteoarthritis. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use. Therefore, the request is not medically necessary.

**Percocet 10mg/325mg Quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Page(s): 75, 92.

**Decision rationale:** According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for chronic pain management under certain criteria. As per CA MTUS guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Furthermore, the IW is noted that is not interested in opioids. Therefore, the medical necessity of Percocet has not been established.

**Soma 350mg Quantity 120 with 1 refill:** Upheld

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

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

**Decision rationale:** Per CA MTUS guidelines, 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. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine;(3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of home exercise with stretching. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is considered not medically necessary.

**Lidoderm 5% (700mg/patch) adhesive patch, Quantity 30 patches with 3 refills:** Upheld

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

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

**Decision rationale:** Per CA MTUS guidelines, 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is no diagnosis of post-herpetic neuralgia; any other applications are considered off-label. Therefore, the request is not medically necessary.