

Case Number:	CM14-0107496		
Date Assigned:	08/01/2014	Date of Injury:	04/09/1996
Decision Date:	09/10/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 04/09/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 07/01/2014 indicated diagnoses of urinary incontinence, chronic pain, reflex sympathetic dystrophy, obesity and fibromyalgia. The injured worker reported ongoing pain, managed with medication and intrathecal pump. The injured worker reported intrathecal sufentanil and Dilaudid well and continue to increase the intrathecal Dilaudid and decrease oral Dilaudid as tolerated. The injured worker had decreased her oral Dilaudid by 33%. On physical examination of the lumbosacral spine there was tenderness to the L5-S1 with decreased sensation and sciatic notch tenderness present bilaterally. The injured worker had a positive straight leg raise with lying and sitting bilaterally. The injured worker had hyperesthesia distal to the left lower extremity and allodynia distal to the left lower extremity. The injured worker had agreed to compliance in medication use. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Dilaudid, Soma, Imitrex, Fentanyl, lido/benzo/tetra cream. The provider submitted a request for Soma, lido/benzo/tetra cream and Dilaudid. A Request for Authorization dated 07/01/2014 was submitted. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there was lack of a quantified pain assessment by the injured worker. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Additionally, the request did not indicate a frequency for this medication. Furthermore, it was not indicated if the injured worker has signed an opiate contract. In addition, the request did not indicate a frequency. Therefore, the request for Soma is not medically necessary and appropriate.

Lido/Benzo/Tetra 5% ointment QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, it is not indicated how long the injured worker had been utilizing this medication. Moreover, the injured worker is allergic to benzoin. Additionally, lidocaine is only recommended in the topical form Lidoderm, in the Lidoderm patch. No other commercially approved topical formulations of lidocaine, whether creams, lotions or gels are indicated for neuropathic pain. Furthermore, the request did not indicate a frequency or dosage. Therefore, the request lido/benzo/tetra is not medically necessary and appropriate.

Dilaudid 8mg QTY:360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82, 86-87, and 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. It was not indicated how long the injured worker had been utilizing this medication. In addition, there is lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, there is lack of a quantified pain assessment done by the injured worker. Additionally, the request did not indicate a frequency for this medication. Therefore, the request for Dilaudid is not medically necessary and appropriate.