

<b>Case Number:</b>	CM14-0019085		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/12/2007
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 patient is a 58 year old male who was injured on 03/12/2007 due to cumulative injuries. Prior treatment history has included (the patient undergoing multiple epidural steroid injections in the past with good relief from a cervical injection back in 1999. He has also undergone left knee surgery and cataract removal. Progress note dated 02/06/2014 documented the patient with complaints of lower back and neck pain. Patient began having neck pain since 1999 and later developing lower back pain since 2007. He describes his lower back pain as a non-radiating and intermittent discomfort which can vary anywhere from aching, sharp, to stabbing. His neck pain feels like stiffness which can radiate to his upper back and thoracic region. He also reports intermittent right hand neuropathy. It is alleviated with Percocet and Soma. He had good relief from Lidoderm patches in the past. His symptoms have shown some improvement over the years, which he contributes to staying active through home exercises. His neck pain seems to be stable now. The back pain is aggravated by strenuous activity. The back pain is aggravated by swimming. He is currently taking Percocet and Soma. He has no significant leg pain. Current medications as of this date: 1.aspirin 2.carisoprodol 3.Percocet 4.Flomax 5.cyclobenzaprine 6.Trental. Objective findings on exam reveal a normal range of motion. He has normal reflexes. He is able to stand and walk without difficulty. There is no paravertebral muscle spasm. There is some tenderness bilaterally in the mid lumbar area. Straight leg raising hip rotation were not specifically painful. Lumbar spine extension was moderately restricted more due to stiffness and pain. There is no focal sensory or motor or reflex deficit in the lower extremities. Cervical spine range of motion was moderately restricted. There was no radicular pain during extension or Lhermitte's phenomenon during neck flexion. Diagnoses: 1.Malignant neoplasm of prostate 2.Low back pain 3.Degenerative disc disease, lumbar 4.Lumbar degenerative disc disease 5.Lumbar facet arthropathy 6.Lumbago. Assessment & Plan: This patient has stable cervical spondylosis and degenerative lumbar spine disease but there are no neurological complications. I

would recommend continued supportive medical management with analgesic and antispasmodic agents.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SOMA 350MG #120:** Upheld

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

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

**Decision rationale:** According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Soma (Carisoprodol) as a centrally acting muscle relaxant is not recommended for long term use. The medical records dated 12/16/2013 document that the patient has been using Soma since at least 03/07/2011. In addition, the available records do not address muscle spasm on physical examination. Accordingly, the medical necessity of Soma 350 mg #120 is not medically necessary.

**LIDODERM PATCH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56-57.

**Decision rationale:** According to the guidelines, Lidoderm patches as the only commercially approved formulation of Lidocaine that is applied topically for neuropathic pain, 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. The medical records do not document the failure of the first-line medications mentioned above in controlling this patient's pain. Therefore, Lidoderm patch is not medically necessary for this patient according to the guidelines.