

<b>Case Number:</b>	CM14-0128147		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Management and is licensed to practice in Tennessee. 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 61-year-old male who has submitted a claim for lumbar post laminectomy syndrome associated with an industrial injury date of September 10, 2009. Medical records from 2013 to 2014 were reviewed. The patient complained of headaches, neck and low back pain radiating to the upper and lower extremities. He is status post C5-7 ACDF in September 2010 and bilateral L4, L5 and S2 hemilaminectomy in March 2011. The patient is currently not working and has very poor sleep. Pain medications have included Norco, Lidoderm patch, and Soma taken as far back as November 2011. He reports that Norco is not as effective. Physical examination showed slow gait with use of cane; marked decrease in range of motion of the cervical and lumbar spine; decreased strength of the upper and lower extremities; and positive Minor's sign. The diagnoses were status post cervical and lumbar fusion, cervical IVD syndrome with radiculopathy, thoracolumbar sprain/strain with radiculitis, and lumbar IVD syndrome. Treatment to date has included oral and topical analgesics, cervical and lumbar ESIs, cervical spine fusion, and lumbar spine surgery. Utilization review from July 23, 2014 modified the request for Norco 10/325mg #360-3 month supply to Norco 10/325mg 120-1 month supply for weaning purposes. There was no indication that long-term use of opiates has resulted in functional improvement or return to work. The request for Soma 350mg #200-3 month supply was modified to Soma 360 #60-1 month supply for weaning purposes. Long-term use of carisoprodol is not supported by the guideline. The request for Lidoderm patches #30 with 2refills-3 3month supply was denied. The medical records do not establish trial and failure of first-line therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #360-3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, patient has been on chronic Norco use dating as far back as November 2011. However, Norco was reported to be not as effective. There was no objective evidence of continued analgesia and functional improvement directly attributed with its use. In addition, the patient still remains off work and no urine drug screens were noted on the medical records provided. The guideline requires documentation of functional and pain improvement, appropriate use of medication, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 10/325mg, #360-3 is not medically necessary.

**Soma 350mg, #200-3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(.

**Decision rationale:** As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In this case, Soma intake was noted as far back as November 2011. However, no muscle spasms were noted based on the most recent physical examination. Regardless, the guideline does not recommend use of this medication, more so its long-term use. The medical necessity has not been established. Therefore, Soma 350mg, #200-3 is not medically necessary.

**Lidoderm Patches, #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics, Lidocaine Page(s): 56-57; 112.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, 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). In this case, Lidoderm patches were used as far back as November 2011. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, there was no evidence of trial of first-line agents. The guideline recommends trial of antidepressants and anticonvulsants prior to use of this medication. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Lidoderm Patches, #30 with 2 refills is not medically necessary.