

Case Number:	CM14-0137905		
Date Assigned:	09/05/2014	Date of Injury:	12/19/2005
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine 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:

This 61-year old male was injured on 12/19/05. There is no information about the mechanism of injury or what body parts were injured in the available records. There is a single progress note from the primary physician in the record dated 8/6/13. It states that the patient continues to have shoulder pain. Exam is notable for tenderness and weakness of the shoulder (which shoulder is not specified), decreased shoulder range of motion, and pain with testing. The plan includes ordering an MRI of the R shoulder. Soma and Lyrica were dispensed at the visit. All other information in this summary was obtained from the UR review performed 8/12/13. The patient has had multiple surgeries which included a spindle cell removal from his head, an appendectomy, and a trapeziectomy in 2013, carpal tunnel release, cubital tunnel release with ulnar nerve transposition in 2010, and a cervical fusion in 2012. Soma has been prescribed (and presumably dispensed) by the primary provider since 2006 and Lyrica since 2008. Neither Soma nor Lyrica has produced a significant change in the patient's pain level or level of function. Both Lyrica and Soma have been non-certified in UR multiple times in the past, beginning from at least 2011. The primary provider continues to dispense them and to ask for authorization retroactively. Both medications were again non-certified in UR on 8/12/13. A request for IMR regarding this decision was generated on 8/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain,Antiepilepsy drugs (AEDs), Page(s): 60,16-18.

Decision rationale: Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it.The next reference states that AEDs are recommended for neuropathic pain. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to an AED has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction in pain. A reduction in pain below 30% may trigger a switch to a different agent or combination therapy if a single drug fails. The available clinical information in this case does not support the use of Lyrica. There is no documentation that it is being used for neuropathic pain. There is no documentation of function, of functional goals, or of any improvement with the use of Lyrica. The primary provider does not even mention functional level or work status in his 8/6/13 note. This patient had apparently been taking Lyrica for at least 5 years at the time of the UR, with no significant improvement in pain or function. Based on the evidence-based references cited above and the available clinical information, because there is no documentation that it has produced either a significant reduction in pain or an increase in functional level, Lyrica 75 mg #60 is not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain,Carisoprodol, Page(s): 60,29.

Decision rationale: Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it.Per the second reference, carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Its major metabolite, meprobamate, is a schedule IV controlled substance with abuse potential.The available clinical information in this case does not support the use of Soma. There is no documentation of function, of functional goals, or of any improvement with the use of Soma. The primary provider does not even mention functional level or work status in his 8/6/13 note. This patient had apparently been taking Soma for at least 7 years at the time of the UR, with no significant improvement in either pain or function. Based on the evidence-based guidelines cited and on the available clinical information, because it has not produced significant pain improvement or functional recovery, because is not recommended and has abuse potential according to high-quality evidence-based sources, and because there is no documentation of any convincing reason why it should be used in this case, Soma 350 mg #90, is not medically necessary.

