

Case Number:	CM14-0174995		
Date Assigned:	10/28/2014	Date of Injury:	08/05/1992
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 53 year old male who was injured at work on 08/05/1992. The injured worker is reported to be complaining of ongoing low back pain. The physical examination revealed limitation of range of motion of the lumbar spine; tenderness of the lumbar spine; paraspinal spasms; trigger points; and sensory loss in the feet. . The worker has been diagnosed of Lumbar spine degenerative joint disease and degenerative disc disease, and chronic low back pain. Treatments have included Norco, Soma, Tramadol, and 5% Lidoderm patch. At dispute are the requests for Soma 350mg tid #90, and Lidoderm Patch 5% q12h #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The injured worker sustained a work related injury on 08/05/1992. The medical records provided indicate the diagnosis Lumbar spine degenerative joint disease and degenerative disc disease, and chronic low back pain. Treatments have included Norco, Soma,

Tramadol, and 5% Lidoderm patch. The medical records provided for review do not indicate a medical necessity for Soma 350mg tid #90. The MTUS does not recommend the use of Soma (Carisoprodol) for more than 2-3 weeks. The records indicate the injured worker is currently being treated with Soma, and requested treatment is for thirty day duration. Therefore, the requested treatment is not medically necessary.

Lidoderm Patch 5% q12h, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm Patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 08/05/1992. The medical records provided indicate the diagnosis Lumbar spine degenerative joint disease and degenerative disc disease, and chronic low back pain. Treatments have included Norco, Soma, Tramadol, and 5% Lidoderm patch. The medical records provided for review do not indicate a medical necessity for Lidoderm Patch 5% q12h #30. The MTUS regards the topical Analgesics as largely, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Since the records reviewed do not indicate presence of neuropathic pain, or failed treatment with antidepressants or anticonvulsants, the requested treatment is not medically necessary.