

Case Number:	CM14-0043071		
Date Assigned:	06/30/2014	Date of Injury:	11/26/2004
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 11/26/04. A utilization review determination dated 3/18/14 recommends non-certification of Lidoderm. Soma was modified from #90 to #20. It referenced a 3/4/14 medical report identifying cervical, thoracic, and lumbar spine pain. Patient has pain decreased from 10/10 to 7-8/10 with Exalgo as well as improved mobility and performance of ADLs. There is benefit from Soma usage with decreased pain and more activity throughout the day as well as during PT. Lidoderm provides significant numbing effect to reduce pain with better mobility and motion while wearing the patches. 2/5/14 medical report identifies cervical, thoracic, and lumbar spine pain. On exam, there is spasm, decreased ROM, and tenderness. Positive Lasegue and positive SLR on the right at 40 degrees. Motor weakness at quads on the right 4/5 as well as decreased sensation on the right L3-S1 and "pain on the right at L3-4." There is positive Tinel's, Phalen's, and Durkin's testing without side(s) specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90 Refills x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 63-66 of 127 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no rationale for the long-term use of this medication despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested Soma is not medically necessary.

Lidoderm Patches 5% #30, Refills x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127 Page(s): 112 of 127.

Decision rationale: Regarding the request for Lidoderm, California MTUS notes that topical lidocaine is "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)." Within the documentation available for review, there is no documentation that Lidoderm is being utilized to treat localized peripheral neuropathic pain that has failed first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.