

Case Number:	CM14-0045524		
Date Assigned:	07/02/2014	Date of Injury:	03/13/2013
Decision Date:	07/31/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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:

The claimant was injured on March 13, 2013 and his medications are under review. He had a urine drug screen on December 20, 2013. The results were considered to be consistent and revealed the presence of carisoprodol and hydrocodone. He has been taking the same medications for a prolonged period of time, since at least 01/14. He was evaluated on March 21, 2014 by [REDACTED]. He had positive impingement signs of the right shoulder. He had decreased range of motion of the shoulder. He saw [REDACTED] on April 18, 2014. He had very elevated pain levels. He was ambulatory with 2 single point canes. His medications included Soma, Norco, and topical creams. Examination revealed paraspinal spasms and tenderness of the cervical and lumbar spines. Spurling's and straight leg raise test were positive. He had weakness in the wrist extensor and flexor, EHL and tibialis anterior muscle groups. He saw [REDACTED] on May 16, 2014. He complained of constant neck pain rated 9-10/10 with radiation to the upper extremities with numbness and tingling. He also had constant low back pain rated 9-10/10 with radiation to the bilateral lower extremities specifically into the bilateral heels. He had right shoulder pain was rated 9-10/10 radiating to the right arm and right elbow pain also rated 9-10/10. He reported constant right wrist and hand pain with associated numbness and tingling and constant sharp bilateral hip pain all of which were 9-10/10. His hip pain radiated to the lower extremities. His pain was the same since his last visit. Physical findings included paraspinal spasms and tenderness over the lumbar and cervical spines. Spurling's and straight leg raise tests were positive. He had weakness in the wrist extensor and flexor, EHL and tibialis anterior muscle groups. Diagnoses included herniated nucleus pulposus at C3-4, severe left foraminal stenosis at C6-7, bilateral upper extremity radiculopathy, sprain of right elbow, right shoulder rotator cuff tear and proximal tendon tear with subacromial impingement, lumbar spinal stenosis at L4-5 with a herniated disc, posterior annular tear at L5-S1 with left lower extremity

radiculopathy, improved. He had a sprain of both hips, headaches, internal and respiratory diagnoses and is status post decompression and microdiscectomy at L4-5 and L5-S1. He had postoperative depression. Intensive physical therapy was recommended for 12 visits for his neck and back and bilateral upper and lower extremities. He was prescribed Norco, Soma, and topical creams. A drug test was performed. A urine toxicology review was done. The test was positive for hydrocodone/hydromorphone and carisoprodol which was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

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

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Carisoprodol. The Chronic Pain Medical Treatment Guidelines state that carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes increasing sedation of benzodiazepines or alcohol, use to prevent side effects of cocaine, use with tramadol to produce relaxation and euphoria, as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail), and as a combination with codeine (referred to as Soma Coma). There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. In addition, before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within one to three days, A record of pain and function with the medication should be recorded. (Mens 2005) There is no indication that this process was followed. In addition, there is no evidence of significant spasms such that this medication is required for

symptomatic relief. The claimant's pattern of use of this medication and evidence of functional improvement as a result of its use have not been documented. The request for Soma 350mg, sixty count is not medically necessary or appropriate.

Flurbiprofen 20% gel cream 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for flurbiprofen 20% gel cream 120. The Chronic Pain Medical Treatment Guidelines state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). There is no evidence of failure of all other first line drugs including antidepressants, antiinflammatories, acetaminophen, or antineuropathic medications. The claimant received refills of his other medications over a prolonged period of time, presumably because they were helpful. The request for Flurbiprofen 20% gel cream 120 is not medically necessary or appropriate.

Ketoprofen 20%/Ketamine 10% gel cream 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for ketoprofen 20%/ketamine10% gel cream 120. The Chronic Pain Medical Treatment Guidelines state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). There is no evidence of failure of all other first line drugs including antidepressants, antiinflammatories, acetaminophen, or antineuropathic medications. The claimant received refills of his other medications over a prolonged period of time, presumably because they were helpful. In addition, the use of topical ketoprofen is not FDA-approved due to potentially serious side effects. The request for Ketoprofen 20%/Ketamine 10% gel cream 120 is not medically necessary or appropriate.