

<b>Case Number:</b>	CM14-0047080		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/22/2000
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Orthopedic Surgery has a subspecialty in Shoulder and Elbow Surgery and is licensed to practice in California and Utah. 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 62 year old male who reported an injury on 04/22/2000 after slipping and falling off a bus he was mopping. He has diagnoses of chronic low back pain, pain status-post anterior lumbar inter-body infusion at L3-S1 and posterolateral fusion with pedicular screw fixation at L3-S1 and lumbar facet syndrome at L2-L3. The injured worker received fusion surgery at L3-S1 with hardware on 03/31/2009. He is currently taking OxyContin, Norco, Soma, Lidoderm patches, Dendracin lotion, Topamax, Keppra and Senekot S. The physician notes a decline in pain scale of 6-7/10 (without his pain medications) to 3/10 (using pain medications) after having received a bilateral lumbar facet nerve block on 11/07/2013. The injured worker told his physician he experienced a 90% improvement per relief of pain and was able to ambulate, stand and bend with little discomfort. During the office visit, the physician notes the injured worker is ambulating with the assistance of a four wheel walker. Conservative care has been discontinued as physical therapy, stretching, exercises, NSAID's and muscle relaxants have failed. The injured worker is verbal, alert, makes proper eye contact with the physician and has been compliant with scheduled urine drug screens. The physician also notes the injured worker is not running out of medications before time to refill them indicating no apparent drug seeking. The physician notes in his care plan, future imaging studies in conjunction with surgery to move forward the disease process. At this time, the physician wishes to refill prescriptions for Soma 350 mg, Lidoderm patches, and Dendracin lotion. A request for authorization and rationale were not presented for review with this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxants (for pain).

**Decision rationale:** CA MTUS Guidelines for Carisoprodol (Soma) do not recommend this medication as it is not indicated for long-term use. Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). ODG Guidelines for muscle relaxants for pain, specifically Soma, do not recommend this medication in dosages greater than 350 mg tablets taken up to four times a day and for only a two to three week period. The injured worker has been taking this medication since before 03-16-2013, a period of far greater than the two to three week period, as specified in ODG Guidelines, making this medication long-term and out of guideline specifications. As such, the request for Soma 350 mg is not medically necessary.

**Lidoderm patch:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm, (Lidocaine patch).

**Decision rationale:** The request for Lidoderm patches is non-certified. CA MTUS Guidelines for Lidoderm patches do recommend this medication 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. ODG Guidelines for the Lidoderm patch do not recommend this medication until after a trial of a first-line therapy of a tri-cyclic, an SNRI anti-depressant, or an AED such as Gabapentin or Lyrica. Trials of these medications were not attempted nor were their results presented for review. As such, the request for Lidoderm Patch is not medically necessary.

**Dendracin lotion:** Upheld

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

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

**Decision rationale:** The request for Dendracin lotion is non-certified. CA MTUS Guidelines for topical analgesics states these creams 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono-therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin lotion contains methyl salicylate and capsaicin; these products have been evaluated and approved for use as topical analgesics. However, Dendracin lotion is also compounded with menthol; this product has not received sufficient study for approval. The guidelines are clear in saying any one drug or drug class that is not recommended makes this compounded medication not recommended. As such, the request for Dendracin Lotion is not medically necessary.