

<b>Case Number:</b>	CM14-0049908		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/27/2003
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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 patient is a 47 year old female who sustained an industrial injury on 8/27/2003. According to the encounter note dated 6/27/2014, the patient presents for re-evaluation of low back and intermittent right radicular symptoms. She continues to have pain symptoms and continues medications as needed to manage her pain. Pain is rated 7-8/10. Pain is constant but variable in intensity. Medication regimen includes Carisoprodol, Celebrex, Lidoderm patch, and Oxycodone-Acetaminophen. In addition, she is a holder of a medical Marijuana card. Physical examination documents lower extremities DTRs 2+, slight weakness of right EHL, intact sensation throughout, antalgic gait, tenderness to palpation over paraspinal muscles overlying the facet joints and SI joints and trigger points noted over middle paraspinal muscles and lower paraspinal muscles. Muscle spasm is not present and SLR is negative bilaterally. Diagnoses are displacement of lumbar IVD and degeneration of lumbosacral disc. Plan is Lidoderm 5% patch, Carisoprodol, and continue home exercise program as tolerated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% (700mg/patch) apply 12 hour on 12 hours off #60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56, 111-113.

**Decision rationale:** The CA MTUS guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an Antiepileptic drugs (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only Federal Drug Association (FDA) approved for post-herpetic neuralgia. The medical records do not establish this patient has an active neuropathy. In addition, failure of the recommended first-line therapy has not been documented. Furthermore, the medical records do not document evidence of clinically significant objective functional improvement with use of Lidoderm patch. Consequently, the medical records do not establish Lidoderm patches are appropriate and are not medically necessary for this patient. The requests for Lidoderm patches are not medically necessary.

**Carisoprodol 350mg one daily as needed for spasms #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** According to the guidelines, Soma (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). Abuse has been noted for sedative and relaxant effects. In addition, there is no evidence of muscle spasms on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The chronic use of Carisoprodol is not appropriate and therefore medical necessity has not been established. The request is not medically necessary and appropriate.

**Oxycodone/acetaminophen 7.5mg/325mg one bid as needed #60 (do not fill until 4/25/2014):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid for Chronic pain; Opioids Dosing Page(s): 80, 86-87.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or

improved quality of life. The guidelines also note that opioids, such as Percocet may be efficacious for short-term use, but the efficacy of long-term use is limited. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records document the patient has complaints of chronic low back and intermittent right lower limb radicular pain, of moderate to moderately severe severity. The medical records do not demonstrate either return to work or improvement in function and pain with chronic opioid use. It is also noted the patient concurrently uses medical marijuana, which is not recommended by the guidelines. There is no indication that non-opioid and non-pharmacologic means of pain management are being actively utilized by a patient with almost 10 year old industrial injury. The medical records do not establish continued opioid use appropriate and medically necessary. The request is non-certified.