

Case Number:	CM14-0054228		
Date Assigned:	07/07/2014	Date of Injury:	11/07/2004
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology, 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 54 year old patient had a date of injury on 11/7/2004. The mechanism of injury was not noted. In a progress noted dated 3/28/2014, subjective findings included right shoulder and arm pain, which is aching and throbbing. The patient also has pain that is intermittent shooting, tingling, electrical, muscle tightness, muscle spasm and swelling. On a physical exam dated 3/28/2014, objective findings included sensation is intact to light touch and demarcation between dull and sharp in dermatomes C-T1 in the upper extremities bilaterally. Cervical range of motion is intact with right and left rotation 90 degree. Diagnostic impression shows pain in soft tissues of limb, pain in joint, shoulder region. Treatment to date includes: medication therapy, and behavioral modification. A UR decision dated 4/16/2014 denied the request for Lidoderm patches, stating guidelines recommend lidocaine for localized peripheral pain after there has been evidence of trial of first line therapy, and that Lidoderm patches were prescribed on 3/5/2013, with no improvement in pain or function during that period. Soma 350mg #60, was denied stating that the patient has been taking it since at least 12/5/2013, and guidelines support only short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol (Soma) is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. In the reports viewed, the patient has been noted to be on Soma 350mg since at least 12/2013. Guidelines only support short term use. Furthermore, in a progress note dated 2/28/2014, the patient is noted to be on opioids Percocet 10/325 as well as Morphine 15mg. Soma has been known to augment the effects of opiates, which would increase the risk of sedation, respiratory depression, and potential misuse/aberrant behavior. Therefore, the request for Soma 350mg #60 is not medically necessary.

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS 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.

Decision rationale: CA MTUS states that topical lidocaine may be 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the reports viewed, there was no discussion of failure of 1st line therapy such as Gabapentin or Lyrica. Furthermore, there was no documented functional improvement noted with these patches, which were used since at least 3/5/2013. Lastly, the area of application, number of patches, and duration of use were not specified. Therefore, the request for Lidoderm patches is not medically necessary.