

Case Number:	CM14-0066584		
Date Assigned:	07/11/2014	Date of Injury:	07/02/2008
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 07/02/08. Soma, Lyrica, and Cialis are under review. He was injured when he slipped off a loading dock and felt 4 1/2 to 5 1/2 feet. He has a diagnosis of lumbar postlaminectomy syndrome and radiculopathy. He is status post L5-S1 fusion surgery in January 2011 and has had multiple epidural steroid injections, PT, and home exercises but remains symptomatic. EMG/NCV in May 2013 revealed a right S1 radiculopathy with chronic changes. His latest caudal ESI in December 2013 decreased his pain by nearly half. On 04/23/14, he had increased low back pain radiating down the right leg. His pain was rated 7/10 with medication and 10/10 without. Cialis once daily as needed, Soma 300 mg 350 mg twice daily as needed, Terocin lotion, and Lyrica 3 times a day were recommended. He had a slowed gait with restricted lumbar range of motion and positive facet loading bilaterally. There was spasm and tightness and positive straight leg raise on the right side with tenderness of the sacroiliac spine. He had mild weakness in the lower extremities. Sensation was decreased on the right side. He was to undergo caudal ESI at the end of April 2014. He underwent a caudal epidural steroid injection on 04/28/14. He was seen in an emergency department on 05/06/14 for abdominal pain. He also has a history of knee arthropathy. He was taking methadone, Soma, and Lyrica. His musculoskeletal and neurological examinations appeared to be normal. He had a diagnosis of abdominal cramping and was discharged home. On 05/09/14, he had an AME psychiatric evaluation. He was using medical marijuana which tended to relax him. He was taking methadone, Soma, and Lyrica. It is not clear who was prescribing the methadone. It is not mentioned by ████████ in his notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) and Muscle Relaxants (For Pain).

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 Soma 350 mg. The CA MTUS state on p. 60 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 the following: a)increasing sedation of benzodiazepines or alcohol; b)use to prevent side effects of cocaine; c)use with tramadol to produce relaxation and euphoria; d)as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & e)as a combination with codeine (referred to as "Soma Coma"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) 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. (Reeves, 2007)"In this case, the claimant reports improvement in stiffness and spasms but there is no evidence that he is involved in an ongoing exercise program that may also help these problems. The MTUS do not support the use of Soma for chronic conditions and weaning should be done. Again, Soma 350 mg #60 is not supported but #30 can be recommended for purposes of weaning.

Lyrica 100 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) and Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin); Medications for Chronic Pain Page(s): 131; 94.

Decision rationale: The history and documentation do not objectively support the request for the use of Lyrica 100 mg. The MTUS state "pregabalin (Lyrica) has been documented to be

effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." Also, 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 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005)" In this case, none of these conditions (diabetic neuropathy, postherpetic neuralgia, or fibromyalgia) appear to be under treatment. The specific benefit to the claimant of this medication has not been described and none can be ascertained from the file. His pattern of use and functional benefit from this medication are unknown. There is no evidence of trials of other first line drugs such as gabapentin for neuropathic pain and it is not clear why Lyrica is being used. The medical necessity of the ongoing use of this medication has not been clearly demonstrated and Lyrica 100 mg #90 is not supported.

Cialis 10 mg, QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.RxList.com/cialis-drug.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician's Desk Reference, Cialis.

Decision rationale: The history and documentation do not objectively support the request for continued use of Cialis 10mg. The PDR recommend its use for medical complications resulting in erectile dysfunction (ED). There is no evidence that a full workup for ED to rule out other possibly correctible causes of ED, has been done. The claimant's history of this symptom is not described. The medical necessity of the use of Cialis 10 mg #10 has not been clearly demonstrated.