

Case Number:	CM14-0069252		
Date Assigned:	07/14/2014	Date of Injury:	11/07/2001
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 57 year-old with a date of injury of 11/07/01. Progress reports associated with the request for services, dated 03/31/14 and 04/03/14, noted subjective complaints had not changed. These consisted of neck pain into both arms with tingling. Objective findings were not recorded. Diagnoses included cervical spondylosis; cervical radiculopathy; cervical disc disease; and shoulder pain. Treatment had included shoulder surgery, physical therapy, and oral and topical analgesics. A Utilization Review determination was rendered on 04/14/14 denying "Soma 350mg #120; Phenergan 25mg #60; Lidoderm 5% Patch # 30; and Voltaren 1% Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxants Page(s): 29,63-66.

Decision rationale: Soma (Carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite Meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that Carisoprodol is not recommended. It has been suggested that the

main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated withdrawal symptoms and is abused for the above mentioned effects. There is no documented medical necessity for Soma. Therefore Soma 350mg #120 is not medically necessary.

Phenergan 25mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Promethazine; Antiemetics.

Decision rationale: Phenergan (promethazine) is a phenothiazine used for the treatment of nausea. The Medical Treatment Utilization Schedule (MTUS) does not address the use of antiemetic's or Phenergan specifically. The Official Disability Guidelines (ODG) state that Phenergan is not recommended for nausea and vomiting secondary to chronic opioid use. The medical record does not document the medical necessity for Phenergan in this case. Therefore Phenergan 26mg #60 is not medically necessary.

Lidoderm 5% patch # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm.

Decision rationale: Lidoderm (Lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia."The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use:- Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology; - There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica);- This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints - An attempt to determine a neuropathic component of pain should be made; - The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day); - A trial of patch treatment is recommended for a short-term period; - Continued outcomes should be intermittently measured and if improvement does not continue, Lidocaine patches should be discontinued. There is no documentation of the neuropathic component of the pain, failure of

conventional first-line therapy, or documented functional improvement for the medical necessity of Lidoderm. Therefore Lidoderm 5% patch is not medically necessary.

Voltaren 1% gel #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Voltaren (diclofenac) is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical NSAID is Diclofenac. In this case, the request is for use on the shoulder and spine, which is not recommended. Likewise, there is no documented functional improvement for the medical necessity of Voltaren (Diclofenac) as an NSAID topical agent. Therefore Voltaren 1% gel #2 is not medically necessary.