

Case Number:	CM14-0080407		
Date Assigned:	07/18/2014	Date of Injury:	04/19/2010
Decision Date:	08/28/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 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:

According to the records made available for review, this is a 49 year old male with a 4/19/10 date of injury. At the time (5/20/14) of the request for authorization for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) and 60 Soma 350mg, there is documentation of subjective (persistent lower back pain) and objective (decreased range of motion, tenderness to the paraspinals left greater than right, positive Kemp's bilaterally, decreased strength and sensation rated 4/5 at L4, L5, and S1) findings, current diagnoses (lumbosacral neuritis not otherwise specified), and treatment to date (physical therapy and medication including Soma for at least 4 months). Regarding 60 Soma 350mg, there is no documentation of acute muscle spasms; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Soma; and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUBIPROFEN/CYCLOBENZAPRINE/MENTHOL CREAM (20%/10%/4%): 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis not otherwise specified. However, the requested Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, the request is not medically necessary and appropriate.

60 SOMA 350MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis not otherwise specified. In addition, there is documentation of treatment with Soma for at least 4 months. However, there is no documentation of acute muscle spasms. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Soma. In addition, given treatment with Soma for at least 4 months, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, the request is not medically necessary and appropriate.