

Case Number:	CM14-0080563		
Date Assigned:	07/18/2014	Date of Injury:	07/30/2006
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 Tennessee. 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 30-year-old male, who has submitted a claim for lumbar disc bulge and bilateral neural foraminal stenosis at L2-L3 and L4-L5; cervical facet syndrome; occipital neuralgia and cervicogenic headaches; right trapezius pain associated with an industrial injury date of July 30, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic right shoulder, neck and low back pain. Physical examination of the cervical spine showed, tenderness overlying the right C2 to C7 facet joints. There was positive cervical fact joint, lumbar discogenic and right shoulder provocative measures. Cervical spasms were noted. Right shoulder impingement signs such as Neer's and Hawkin's were positive. Treatment to date has included Norco, Soma, Neurontin, Lidoderm, Flector patch, ibuprofen, Aleve, Naprosyn, Flexeril, Skelaxin, Valium and Robaxin. Utilization review from May 14, 2014 denied the request for 1 Prescription of Lidoderm patches #30 with 2 refills because the patient is concurrently utilizing a first line therapy for peripheral pain. In addition, the request for 1 Prescription of Soma 350mg #90 was also denied because the long-term use of Soma is not supported by evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidoderm patches #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57.

Decision rationale: As stated on pages 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, it 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). In this case, patient was initially on gabapentin however, persistence of symptoms prompted adjuvant therapy of Lidoderm patch since May 2013. The medical use for lidocaine patch has been established. However, there was no documentation concerning pain relief and functional improvement derived from its use despite long-term treatment. Therefore, the request for one prescription of Lidoderm patches #30 with 2 refills is not medically necessary.

1 Prescription of Soma 350mg #90: Upheld

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

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

Decision rationale: As stated on pages 29 and 65 of the California MTUS Chronic Pain Medical Guidelines, it states that Soma is not indicated for long-term use. Carisoprodol 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. In this case, the patient has been on Carisoprodol since September 2011, which is beyond what the guideline suggests. Therefore, the request for 1 Prescription of Soma 350mg #90 is not medically necessary.