

Case Number:	CM14-0197364		
Date Assigned:	12/05/2014	Date of Injury:	08/19/2011
Decision Date:	01/21/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 42 year-old female with a date of injury of August 19, 2011. The patient's industrially related diagnoses include chronic low back pain, symptomatic left cubital tunnel syndrome, asymptomatic gastric ulcer disease, and neck pain. The injured worker had C5-C6 surgery on 6/12/12, left wrist carpal tunnel release on 3/18/2014, status post right wrist surgery CTS decompression, and lumbar spine fusion at L5-S1 and cage at L4-L5 on 12/1/8/2012. The disputed issues are Lidoderm patches 5% #30, one box, Soma 350mg #100, and Voltaren cream 1% x 3 boxes, 10 tubes. A utilization review determination on 10/28/2014 had non-certified these requests. The stated rationale for the denial of the Lidoderm and the Voltaren gel was: "In this case, the claimant has continued increased pain rated 3-5-9/10, stiffness, and soreness in the lower back. The claimant has intermittent hand swelling and frequent hand numbness. There is parasethias in the right first toe web. However, there is no documentation of failed trials of antidepressant and anticonvulsant, as well as oral NSAID use. Therefore, non-certification is recommended for Lidoderm patches 5% #30 one box and Voltaren cream 1% 3 boxes, 10 tubes." The stated rationale for the denial of Soma was: "There are paravertebral muscle spasms in the back. However, there is no evidence of objective functional benefit with medication use. Furthermore, the guidelines do not recommend this medication to be used for longer than 2-3 weeks. Due to the risk of development of withdrawal symptoms from abrupt discontinuation, partial-certification is recommended for Soma 350mg #20 for downward titration and complete discontinuation."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30, one box: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there was no indication that the injured worker has failed first-line therapy recommendations. The records indicate that the Lidoderm patch was recommended to be applied over painful lumbar areas but there was no documentation of analgesic effect or objective functional improvement as a result of the Lidoderm. Finally, there was no documentation of localized peripheral pain over the lumbar area as recommended by guidelines. In light of these issues, the currently requested Lidoderm 5% Patches #30 one box is not medically necessary.

Soma 350mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Soma, the Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Soma (Carisoprodol), the guidelines state: "It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety." Soma is metabolized into meprobamate, which is an anxiolytic. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there was no indication that this medication was being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since the injured worker has been prescribed Soma 350mg since at least 7/21/2014. Based on the guidelines, the requested Soma 350mg #100 is not medical necessity. Although Soma is not medically necessary, since withdrawal symptoms may occur with abrupt discontinuation, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Voltaren cream 1% x 3 boxes, 10 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the injured worker has obtained any specific analgesic effect from the use of Voltaren gel. The injured worker was diagnosed with asymptomatic gastric ulcer disease but there was no documentation that the injured worker was unable to tolerate oral NSAIDs, which would be preferred. Furthermore, a review of the submitted medical records indicates that the duration of usage of topical NSAID in this case is over 4 months and which exceeds the guidelines recommendations. Given this timeline, this currently requested Voltaren cream 1% x 3 boxes, 10 tubes is not medically necessary.