

<b>Case Number:</b>	CM15-0108514		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained an industrial injury on 2/14/13. The injured worker has complaints of left cervical, cervical, right cervical, right anterior shoulder, right clavicular, left posterior shoulder, left anterior shoulder, left clavicular, left cervical dorsal, right cervical dorsal, right posterior shoulder, left lumbar, lumbar and right lumbar pain. The documentation noted that there is mild to moderate tenderness to palpation over the bilateral cervical paraspinal bilaterally, midline tenderness was present at C5-6, C6-7 and mild to moderate tenderness to palpation over the lumbar paraspinal bilaterally. The diagnoses have included intervertebral disc disorder with myelopathy, cervical region; lumbar disc syndrome; lumbar facet syndrome; cervical disc syndrome; cervical radiculopathy and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 3/28/13 showed there is moderate disc degeneration at C5-6 and C6-7; there is also mild C5-6 spinal canal stenosis; physical therapy and soma. The request was for soma 350mg 30 tabs and container of FCL Cream (flurbiprofen 20 Percent/baclofen 2 percent/dexamethasone 2 percent/menthol 2 percent/camphor 2 percent/capsaicin .0375 percent/hyaluronic acid .2 percent) 180 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tabs of Soma 350 MG: Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of carisoprodol, also known as Soma, as a treatment modality. Soma 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: (1) increasing sedation of benzo-diazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & (5) as a combination with codeine (referred to as Soma Coma). In this case, the records indicate that Soma is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, Soma is not recommended for long-term use. In the Utilization Review process, the request for 30 tablets of Soma was modified to dispensing 7 tablets in order to facilitate weaning. This action is consistent with the above cited MTUS guidelines. In summary, Soma #30 tablets is not medically necessary.

**Container of FCL Cream (Flurbiprofen 20 Percent/Baclofen 2 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .0375 Percent/Hyaluronic Acid .2 Percent) 180 Grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines, comment on the use of topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical analgesic contains multiple ingredients to include: flurbiprofen, baclofen, dexamethasone, menthol, camphor, capsaicin and hyaluronic acid. The MTUS guidelines state the following on the use of topical baclofen: Baclofen: Not recommended. There is currently one Phase III study of

Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Given that this compounded topical analgesic contains baclofen, which is not recommended, the entire compounded cream is not recommended. In summary, the topical analgesic known as FCL Cream, is not medically necessary.