

Case Number:	CM15-0205952		
Date Assigned:	10/22/2015	Date of Injury:	12/01/2000
Decision Date:	12/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 59 year old female who sustained an industrial injury on 12-1-2000. A review of the medical records indicates that the worker is undergoing treatment for radiculopathy- lumbar spine, and failed back syndrome -lumbar. Subjective complaints (9-10-15) include ongoing chronic low back pain rated 3-9 out of 10. Subjective complaints (8-10-15) include, without Lidoderm; it is hard to stand up straight, and pain before taking Soma is rated 9 out of 10, movements are restricted, has trouble falling and staying asleep, and after Soma, pain decreases to 3 out of 10, and the back is relaxed enough to sleep through the night, and perform domestic chores and various errands. Objective findings (9-10-15) include tenderness to palpation of lumbarparaspinal muscles and sacroiliac joints, decreased range of motion and sensory is diminished along the anterior lateral distribution at L5. Medications prescribed: Celebrex, Soma, Lidoderm patch, Norco, Oxycontin, and Neurontin. On 9-21-15, the requested treatment of Soma 350mg #90 and Lidoderm 5% (700mg-patch) #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The patient presents with chronic low back pain. The request is for SOMA 350 MG #90. The request for authorization form is not provided. CT of the lumbar spine, 08/11/14, shows prior postoperative changes with lumbar interbody fusion at L3-4 and L4-5, posterior instrumentation and posterolateral fusion at L4-5 and L5-S1 and likely from L3 through L4. Patient's diagnoses include radiculopathy, L/S; failed back synd, lumb. Physical examination reveals tenderness to palpation to the lumbar paraspinal muscles, SI joints. Surgical scar noted to lumbar spine. Decreased range of motion noted. Sensory is diminished along the anterior lateral distribution at L5. Patient's medications include Celebrex, Soma, Lidoderm, Norco, OxyContin, and Neurontin. Per progress report dated 08/12/15, the patient remains permanent and stationary. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Soma on 01/26/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Soma #90 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Lidoderm 5 Percent (700 MG/Patch) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with chronic low back pain. The request is for LIDODERM 5 PERCENT (700 MG/PATCH) #60. The request for authorization form is not provided. CT of the lumbar spine, 08/11/14, shows prior postoperative changes with lumbar interbody fusion at L3-4 and L4-5, posterior instrumentation and posterolateral fusion at L4-5 and L5-S1 and likely from L3 through L4. Patient's diagnoses include radiculopathy, L/S; failed back synd, lumb. Physical examination reveals tenderness to palpation to the lumbar paraspinal muscles, SI joints. Surgical scar noted to lumbar spine. Decreased range of motion noted. Sensory is diminished along the anterior lateral distribution at L5. Patient's medications include Celebrex, Soma, Lidoderm, Norco, OxyContin, and Neurontin. Per progress report dated 08/12/15, the patient remains permanent and stationary. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 states, 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. Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Treater does not specifically discuss this

medication. Review of provided medical records show the patient was prescribed Lidoderm Patch on 01/26/15. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. In this case, the patient presents with back pain. Lidoderm is not recommended for axial low back pain, which is axial and not peripheral. Lidoderm would not be indicated. Therefore, the request IS NOT medically necessary.