

Case Number:	CM15-0218372		
Date Assigned:	11/10/2015	Date of Injury:	09/16/2009
Decision Date:	12/21/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Arizona, 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:

This is a 71 year old male with a date of injury of September 16, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine discopathy. Medical records dated June 11, 2015 indicate that the injured worker complained of lower back pain rated at a level of 7 out of 10, radiation of pain to the bilateral lower extremities rated at a level of 5 out of 10, and ongoing numbness and tingling in the bilateral lower extremities. A progress note dated October 9, 2015 documented complaints similar to those reported on June 11, 2015. Per the treating physician (October 9, 2015), the employee was not working. The physical exam dated June 11, 2015 reveals tenderness to palpation and spasm in the paralumbar musculature, and decreased range of motion of the lumbar spine. The progress note dated October 9, 2015 documented a physical examination that showed no changes since the examination performed on June 11, 2015. Treatment has included medications (Soma since August of 2015; Flurbiprofen-Gabapentin-Capsaicin-Camphor-Menthol cream since at least June of 2015; Ibuprofen, Ultracet, Vicodin, Zantac and Prilosec). Recent urine drug screen results were not documented in the submitted records. The utilization review (October 30, 2015) non-certified a request for Soma 350mg #60 and Flurbiprofen-Gabapentin-Capsaicin-Camphor-Menthol 10/10/0.025/2/2% cream 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 1 PO BID: 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).

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In combination with hydrocodone, an effect that some abusers claim is similar to heroin is produced. In this case, it was combined with hydrocodone (Vicodin) and Tramadol, which increases side effect risks and abuse potential. The use of Soma is not medically necessary.

Flurbiprofen/Gabapentin/Capsaicin/Camphor/Menthol 10/10/0.025/2/2% 180gm, apply 1-2 grams to affected area 3-4 times daily or as instructed by physician: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, 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. Any compound that contains a medication that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. Topical antiepileptics such as Gabapentin are not recommended due to lack of evidence for its efficacy. Since the Flurbiprofen/Gabapentin/Capsaicin/Camphor/Menthol 10/10/0.025/2/2% contains these topical medications and was used for several months in combination with oral analgesics, the compound in question is not medically necessary.