

Case Number:	CM15-0034341		
Date Assigned:	03/02/2015	Date of Injury:	02/24/2010
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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 54-year-old male, who sustained an industrial injury on February 24, 2010. He has reported low back pain and right shoulder pain. The diagnoses have included thoracic, brachia and lumbar neuritis, radiculopathy and spondylosis, cervical radiculopathy and spondylosis without myelopathy and rotator cuff tear. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of low back pain and right shoulder pain. The injured worker reported an industrial injury in 2010, resulting in chronic low back and right shoulder pain. He reported the pain as constant and severe at times. He has been treated with conservative therapies without resolution of the pain. Evaluation on January 26, 2015, revealed continued pain. Trigger point injections were requested. Evaluation in February, 2015, revealed improved pain with Soma. He reported no benefit from Flexiril. Soma was continued and a compounded pain cream was requested. On February 4, 2015, Utilization Review non-certified a Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15%, Lidocane 5% compound cream, apply 2-4 pumps topically to affected area 3-4 times daily 240GM and Soma 350mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of requested Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15%, Lidocane 5% compound cream, apply 2-4 pumps topically to affected area 3-4 times daily 240GM and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 tablet 2 times a day#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle relaxants Page(s): 29, 63-66.

Decision rationale: The patient presents with right shoulder pain. The request is for SOMA 350MG, 1 TABLET 2 TIMES A DAY #60. Per 01/26/14 progress report, the patient is currently taking Percocet and Soma. Work statue is not known. MTUS guidelines page 29 does not recommend Soma (Carisoprodol). 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. MTUS page 63-66 state, "Carisoprodol, Soma #130, Soprodal 350, Vanadom #130, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the patient has utilized Soma since at least 10/13/14. The treater does provide documentation of this medication's efficacy, stating; "The pain is only reduced with Percocet and Soma." However, the MTUS guidelines only support a short-term use of this medication (2-3 weeks). Therefore, the request of SOMA #60 IS NOT medically necessary.

Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15%,Lidocane 5% compound cream, apply 2-4 pumps topically to affected area 3-4 times daily240 gms:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDS, Opioids.

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

Decision rationale: The patient presents with right shoulder pain. The request is for KETAMINE 10%, BACLOFEN 2%, KETOPROFEN 15%, LIDOCAINE 5% COMPOUND CREAM, 240 GMS. Per 01/26/14 progress report, the patient is currently taking Percocet and Soma. Work statue is not known. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS page 111 -113 does not recommend Baclofen or Cyclobenzaprine as topical cream. MTUS guidelines page 112 on topical lidocaine do not allow any other formulation of Lidocaine other than in patch form. Therefore, the request IS NOT medically necessary.