MAXIMUS Federal Services

Case Number:	CM15-0035480		
Date Assigned:	03/11/2015	Date of Injury:	12/06/2010
Decision Date:	04/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	02/25/2015

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: Texas, 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 41 year old female patient, who sustained an industrial injury on 12/6/10. The diagnoses have included failed back surgery symdrome lumbar, lumbar spine pain, fibromyalgia and lumbosacral radiculopathy. She sustained the injury while helping patient during seizure to prevent fall. Per the doctor's note dated 10/31/2014, she had complaints of chronic low back pain and lower extremity pain. The physical examination revealed antalgic gait, tenderness, trigger points, positive straight leg raising bilaterally and decreased sensation in L4-5 and L5-S1 dermatomes. The medications list includes neurontin, percocet, soma and lidocaine topical ointment. She has had lumbar MRI dated 7/3/2014 which revealed post operative changes at L5-S1 and 8 mm disc bulge at L4-5 level. She has undergone several lumbar spine surgeries. She has had physical therapy and epidural steroid injections for this injury. According to the utilization review performed on 11/14/14, the requested Percocet 10mg-325mg #150 has been certified. The requested Retrospective Soma 350mg #90 and Retrospective Lidocaine 5% #30 has been non-certified. California Medical Treatment Utilization Schedule (MTUS) guidelines, soma, opioids and lidoderm was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), page 29 Muscle relaxants (for pain), page 64.

Decision rationale: Request: Retrospective Soma 350mg #90. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm or acute exacerbation was not specified in the records provided. The medical necessity of retrospective Soma 350mg #90 was not established in this patient at this time.

Retrospective Lidocaine 5% #30: 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 111-113, Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Request: Retrospective Lidocaine 5% #30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. According to the MTUS Chronic Pain Guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance to oral medications for pain, was not specified in the records provided. Any evidence of post-herpetic neuralgia was not specified in the records

provided. The medical necessity of retrospective Lidocaine 5% #30 was not fully established for this patient.