

Case Number:	CM15-0035493		
Date Assigned:	03/04/2015	Date of Injury:	05/13/2010
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female, who sustained an industrial injury on 5/13/10. She has reported a work related injury. The diagnoses have included lumbar facet arthropathy, lumbar radiculopathy, bilateral elbow pain, right knee pain, right shoulder pain, osteoarthritis of right shoulder, chronic pain and status post right knee surgery. Treatment to date has included physical therapy, home exercise program, oral and topical medications. Currently, the injured worker complains of pain radiating down the right lower extremity accompanied by numbness frequently in bilateral lower extremities to the feet and also severe and frequent severe muscle spasms in low back. The injured worker noted the use of anti-seizure class, current, muscle relaxant, opioid pain medication is helpful in current medications and noticeable improvement with therapy. On physical exam she is noted to be in moderate distress, tenderness was noted upon palpation of the spinal vertebral area with limited range of motion and tenderness on palpation of right acromio-clavicular joint, right shoulder and bilateral elbows. On 2/10/15 Utilization Review non-certified Carisoprodol 350mg #60, noting the lack of documentation contraindicating the use of NSAID's for the patient's current condition and Lidocaine 5% ointment #90, noting it is only recommended for treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants and there is no documentation of the patient's intolerance of these or similar medications. The MTUS, ACOEM Guidelines, was cited. On 2/23/15, the injured worker submitted an application for IMR for review of Carisoprodol 350mg #60 and Lidocaine 5% ointment #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26, Page 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. 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. Carisoprodol 350 MG #60 is not medically necessary.

Lidocaine 5 Percent Ointment #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 112.

Decision rationale: The MTUS recommends lidocaine ointment only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine 5 Percent Ointment #90 is not medically necessary.