

Case Number:	CM15-0037743		
Date Assigned:	03/06/2015	Date of Injury:	04/19/2006
Decision Date:	04/23/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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, New York, 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 applicant is a represented 69-year-old who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of April 19, 2006. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for carisoprodol and Tylenol No. 3 apparently prescribed and/or dispensed on January 14, 2015. A November 15, 2014 progress note was also referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated January 23, 2015, Soma, lidocaine patches, and Tylenol with Codeine were renewed. On November 15, 2014, the applicant reported ongoing complaints of low back, neck, and knee pain complaints, reportedly heightened since the preceding visit. The applicant was not working and was receiving Social Security Disability Insurance (SSDI), the treating provider acknowledged. Multiple medications were renewed, without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablet 350 mg, Day supply 30, Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29; 65.

Decision rationale: No, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Tylenol with Codeine, an opioid agent. Adding carisoprodol or Soma to the mix was not recommended. It is further noted that the 60-tablet, 5-refill supply of carisoprodol at issue represents treatment well in excess of the two- to three-week cap placed on carisoprodol usage, per page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lidocaine pad 5%, Day supply 30, Qty 30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Similarly, the request for topical lidocaine patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapeutic antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's November 15, 2014 progress note contained no references to medication efficacy. The fact that the applicant remained off work and was receiving Social Security Disability Insurance (SSDI) benefits, coupled with the fact that the applicant remained dependent on opioid agents such as Tylenol No. 3, moreover, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.