MAXIMUS Federal Services

| Case Number: | CM15-0094988 | | |
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| Date Assigned: | 05/21/2015 | Date of Injury: | 06/18/2003 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

## 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: Emergency 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 58-year-old female with an industrial injury dated 09/18/2003. The mechanism of injury is documented as a fall resulting in right shoulder and upper back pain. Diagnoses included severe right shoulder pain secondary to myofascial pain syndrome and chronic neck pain with exacerbation secondary to cervical degenerative disc disease or myofascial pain syndrome. Prior treatments included pain medications, muscle relaxants, Lidoderm patch, physical therapy and TENS unit. She presented on 04/16/2015 neck pain and shoulder. The provider documents the following: The injured worker needs pain medication to control her pain so she can function and do daily activity. She could not do any daily activity and only can lie on the bed without pain medication. Methadone 10 mg had been started. Methadone had been increased to 5 tabs per day but she stated her pain had worsened. MS Contin was tried but made her sick. She was placed on OxyContin 40 mg three times daily which helped control her pain. Oxycontin was not approved by her insurance so she was placed back on Methadone 5 tabs per day. Urine drug test dated 09/16/2014 was consistent with treatment. Physical exam noted there was no tenderness around the occipital area. There was palpation of the cervical paraspinal muscle on the right with trigger points. Palpation of the shoulder blade elicits mild tenderness on the right with trigger points. Cervical range of motion was painful. Treatment included continuing Mobic, Soma, Methadone; Lidoderm patches 5 %, Colace, Mobic, home exercise, Urine drug test and follow up in 5 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): 56-57.

**Decision rationale:** The requested Lidoderm patch 5% #30 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has neck and shoulder pain. The treating physician has documented that there was no tenderness around the occipital area. There was palpation of the cervical paraspinal muscle on the right with trigger points. Palpation of the shoulder blade elicits mild tenderness on the right with trigger points. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patch 5% #30 is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

**Decision rationale:** The requested Soma 350mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck and shoulder pain. The treating physician has documented that there was no tenderness around the occipital area. There was palpation of the cervical paraspinal muscle on the right with trigger points. Palpation of the shoulder blade elicits mild tenderness on the right with trigger points. The treating physician has not documented duration of treatment,spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg #60 is not medically necessary.