

Case Number:	CM15-0237635		
Date Assigned:	12/14/2015	Date of Injury:	03/20/2014
Decision Date:	01/21/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/04/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 20, 2014. In a Utilization Review report dated November 18, 2015, the claims administrator failed to approve requests for Soma, Flexeril, and Lidoderm patches. The claims administrator referenced an October 7, 2015 office in its determination. The applicant's attorney subsequently appealed. On said October 7, 2015 office visit, handwritten, difficult to follow, not entirely legible, the applicant was placed off work, on total temporary disability, owing to ongoing issues with chronic low back pain with associated lower extremity paresthesias. No seeming discussion of medication selection or medication efficacy transpired on this date. On July 15, 2015, the applicant was asked to continue unspecified medications. Once again, no seeming discussion of medication efficacy transpired. On June 10, 2015, the applicant was again placed off work, on total temporary disability, owing to persistent complaints of low back pain. Once again, the applicant was asked to continue unspecified medications, again without any discussion of medication efficacy. On November 11, 2015, the applicant was again asked to continue unspecified medications while remaining off work, on total temporary disability. Once again, no seeming discussion of medication selection or medication efficacy transpired. A Qualified Medical Evaluation (QME) report on April 4, 2015 noted that the applicant was a qualified injured worker, suggesting that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines notes that carisoprodol or Soma is not recommended for chronic or long-term use purposes, while page 65 of the MTUS Chronic Pain Medical Treatment Guidelines establishes that a 2 to 3-week cap for carisoprodol usage. Here, thus, the 60-tablet renewal request for Soma was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flexeril 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary last updated 10/9/2015 Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, however, the applicant was, in fact, using at least 2 other agents, Soma and Lidoderm patches. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of Flexeril at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lidocaine patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: Finally, the request for topical Lidoderm 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 or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, the October 7, 2015 office visit made no mention of the applicant's having previously tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to the introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, multiple progress notes, referenced above, including the October 7, 2015 office visit at issue were thinly and sparsely developed, handwritten, difficult to follow, not altogether legible, and did not seemingly incorporate any discussion of medication efficacy. The fact that the applicant remained off work, on total temporary disability, as of the date in question, October 7, 2015, coupled with the applicant's continued reliance on muscle relaxants such as Soma, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.