

Case Number:	CM14-0160409		
Date Assigned:	10/06/2014	Date of Injury:	05/19/2004
Decision Date:	11/07/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of May 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and muscle relaxants. In a Utilization Review Report dated September 4, 2014, the claims administrator failed to approve requests for a topical compounded medication and Soma. The applicant's attorney subsequently appealed. In a progress note dated August 12, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was having difficulty working, it was noted. A topical compounded agent was endorsed along with prescriptions for Soma and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound - Lidocaine 5% / Flurbiprofen 20% 120gms with 2 refills: 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(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as the compound at issue, as a class, are considered "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the lidocaine-Flurbiprofen containing compound at issue. Therefore, the request is not medically necessary.

Soma 350mg #30 with 2 refills: Upheld

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

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

Decision rationale: As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for longer than two- to three-week period. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that Soma is not recommended for use in conjunction with opioids. In this case, the applicant is, in fact, concurrently using Ultram, an opioid agent. The 30-tablet two-refill supply of Soma sought here implies treatment for longer than the two to three weeks recommended on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.