

Case Number:	CM14-0211751		
Date Assigned:	12/24/2014	Date of Injury:	05/22/2007
Decision Date:	02/20/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54-year-old female with a 5/22/07 date of injury. According to a progress report dated 1/12/15, the patient rated her pain with medications as an 8 on a scale of 1 to 10. She rated her pain without medications as a 10/10. She reported no new problems of side effects. Her activity level has decreased. The patient has been taking her medications as prescribed. She stated that her medications were less effective. She stated that prior to her Lyrica being denied; she felt that her pain was well managed with her current medication regimen. Her pain medication regimen consisted of Lyrica, Methadone, Norco, and Soma. Objective findings: restricted lumbar range of motion, tenderness on both sides of paravertebral muscles on both sides, normal motor strength of ankle dorsi flexors, ankle plantar flexors, knee extensors and flexors, hip extensors and flexors, light touch sensation normal in the extremities examined, dysesthesias present over both the sides. Diagnostic impression: lumbar facet syndrome, spinal/lumbar degenerative disc disease, cervical radiculopathy, cervical disc disorder. Treatment to date: medication management, activity modification, lumbar ESI.A UR decision dated 12/4/14 denied the requests for Soma and Lyrica. Regarding Soma, the patient has already used the prescription beyond its short-term use and no weaning was deemed necessary as it has not been certified for over a year. Regarding Lyrica, the submitted documentation does not provide measurable objective evidence of substantial improvements specifically due to the use of Lyrica.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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 is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. However, in the present case, it is noted that this patient has been taking Soma since at least 5/5/14. Guidelines do not support the long term use of Soma. In addition, it is noted that she is also taking Norco and Methadone, and guidelines do not support the concurrent use of Soma and opioid medications. Furthermore, there is no documentation that she has had an acute exacerbation to her pain. Therefore, the request for Soma 350mg #60 was not medically necessary.

Lyrica 75mg# 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the present case, it is noted that prior to her Lyrica being denied, she felt that her pain was well managed with her current medication regimen. In addition, the patient has a diagnosis of cervical radiculopathy and dysesthesias were noted on physical examination. Guidelines support the use of Lyrica for neuropathic pain. Therefore, the request for Lyrica 75mg #60 was medically necessary.