

Case Number:	CM14-0213495		
Date Assigned:	12/31/2014	Date of Injury:	06/16/2014
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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: 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:

This is a 44-year-old male with a 6/16/14 date of injury, when he injured his back while moving a water heater. The progress notes indicated that the patient was utilizing Soma at least from June 2014 and Flector patches at least from 11/04/14. The patient was seen on 12/02/14 with complaints of continued pain of the low back and bilateral leg pain. Exam findings revealed spasm and tenderness to palpation of the lumbar paraspinal muscles, lumbar flexion of 20 degrees, lumbar extension of 10 degrees, and positive SLR test bilaterally. The patient ambulated with the help of a walker. The patient has been noted to be on Norco 10/325mg, Soma 350mg, and Flector patches. The diagnosis is lumbago, moderate foraminal narrowing L4-L5, L5-S1, and lumbar sprain/strain. Treatment to date: work restrictions, PT, Toradol injection, Flector patches, and medications. An adverse determination was received on 12/09/14. The request for Soma 350mg #30 was modified to #15 given that the patient was using the medication chronically. The request for Flector patch 1% #60 was denied for a lack of documentation indicating objective functional benefit from prior use and that the Guidelines did not support use of topical NSAIDs from the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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

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. The progress notes indicated that the patient was utilizing Soma at least from June 2014, however there is a lack of documentation with subjective and objective functional gains from prior use. Additionally, the Guidelines do not support chronic use of muscle relaxants and there is no rationale indicating why the patient needed to continue treatment with Soma despite a lack of functional benefits. In addition, the patient was utilizing Norco and Soma has been known to augment or alter the effects of opioids. Lastly, the UR decision dated 12/09/14 modified the request for Soma 350mg #30 to #15 and weaning was recommended. Therefore, the request for Soma 350mg #30 was not medically necessary.

Flector patch 1% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Flector patch. FDA (Flector Patch).

Decision rationale: CA MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. The progress notes indicated that the patient was utilizing Flector patch at least from 11/04/14, however there is a lack of documentation with subjective and objective functional gains from prior use. In addition, there is a lack of documentation indicating that the patient was not able to tolerate oral NSAIDs. Additionally, the Guidelines recommend topical NSAIDs for acute conditions and the patient's pain was chronic. Lastly, there is no rationale with regards to necessity for continuation of treatment with Flector patch despite the Guidelines non-recommendations. Therefore, the request for Flector patch 1% #60 was not medically necessary.

