

<b>Case Number:</b>	CM14-0217924		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 42 year old male, who sustained an industrial injury on 2/26/2011. The injured worker has complaints of low back and cervical pain. His lumbar spine reveals loss of lordosis with well healed laminectomy scar; moderate tenderness to palpation and paravertebral muscle spasms; range of motion decreased with flexion. The diagnoses have included cervical radiculitis; cervical stenosis; lumbar radiculitis; lumbar disc disease and cervical disc disease. Treatment to date has included bilateral laminectomy and partial facetectomy on 5/6/03; explantation of lumbar on 11/4/03; explantation of hardware on 8/30/03; physical therapy; CESI (Cervical Epidural Steroid Injections) that has helped recent flare ups 3-6 months and a Magnetic Resonance Imaging (MRI) on 7/8/12. According to the utilization review performed on 12/2/2014, the requested soma 350mg #120 has been modified to 1 prescription of soma 350mg #84. The requested unknown cervical facet blocks have been non-certified and the requested lyrica 50mg #90 has been modified 1 prescription of lyrica 50mg #63. Criteria/Guidelines applied carisoprodol (soma, soprodal 350, vanadom, generic available): this medication is not indicated for long-term use; CA Chronic Pain Medical Treatment Guidelines (May 2009) in the request for unknown cervical facet blocks and criteria for lyrica was used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120:** Upheld

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

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

**Decision rationale:** This 42 year old male has complained of neck and low back pain since the date of injury 2/26/11. He has been treated with epidural steroid injections, lumbar spine surgery, physical therapy and medications to include Soma since at least 02/2013. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). The use of this medication far exceeds the recommended time frame for use. On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

**Lyrica 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

**Decision rationale:** This 42 year old male has complained of neck and low back pain since the date of injury 2/26/11. He has been treated with epidural steroid injections, lumbar spine surgery, physical therapy and medications. The current request is for Lyrica. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not indicated as medically necessary in this patient.