

<b>Case Number:</b>	CM14-0218623		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/24/2002
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 41 year old female sustained a work related injury on 05/24/2002. According to a progress report dated 10/30/2014 the injured worker continued to experience chronic low back pain with frequent shooting pain down the lateral right leg and into the great toe of the right foot. Pain occasionally radiated down the left lateral leg. She complained of a flare-up as she was doing more housework. Pain was rated an 8 on a scale of 0-10 with medications. She continued to take MS Contin three times daily and Percocet 4 tablets daily. The Soma helped to reduce muscle spasms and myofascial pain. The Lyrica was beneficial in reducing neuropathic pain. Relafen helped to reduce flare ups of pain. The medication was usually effect in reducing her pain from and 8 to a 5. The medications enabled her to do most of her normal daily activities such as light household chores, dusting, and light cooking, making the bed, laundry and spending time/taking care of her granddaughter. She denied any excessive sedation or nausea from her opiate regimen. The most recent urine drug screen was consistent with prescribed analgesics and negative for alcohol or illicit substances. Diagnoses included lumbar radiculopathy, chronic low back pain, and lumbar myofascial pain syndrome and status post lumbar microdiscectomy L4-5 in 2004. The injured worker was permanent and stationary and was treated under the provision of future medical care. On 11/25/2014 Utilization Review non-certified Soma 350mg one by mouth twice a day #60 with 2 refills and Lyrica 100mg one by mouth twice a day #60. According to the Utilization Review physician in regard to Soma, the CA MTUS Guidelines implicitly does not recommend it as it is not recommended for long term use and is not supported by the guidelines. In regard to the Lyrica, the CA MTUS Guidelines state that it is documented

to be effective in the treatment of diabetic neuropathy and post-herpetic neuralgia and has the approval for this indication, along with being considered first line treatment for both. Lyrica is also approved for the treatment of fibromyalgia. In the submitted medical records, the injured worker did not have evidence of any of the diagnoses as recommended by the guidelines for the use of Lyrica. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines pages 28, 78 and 99. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 78, 99.

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

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with MSContin and Percocet which increases side effect risks and abuse potential. The continued use of SOMA is not medically necessary.

**Lyrica 100mg #60:** 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): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with numerous opioids, muscle relaxers, NSAIDs and SSRIs. There is no indication for continued use of Lyrica with these medications. The Lyrica is not medically necessary.