

Case Number:	CM15-0123002		
Date Assigned:	07/07/2015	Date of Injury:	09/27/2003
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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 & Rehabilitation, Pain Management

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 44 year old male, who sustained an industrial injury on 9/27/2003. He reported injuries to his neck, low back, both knees and both shoulders. Diagnoses have included chronic cervical musculoligamentous sprain/strain, lumbar disc annular tear, left shoulder labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella and gastropathy secondary to medication intake. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 5/4/2015, the injured worker complained of persistent pain in the lower back and bilateral knees rated 6/10. The pain was made better with rest and medication. He reported that Norco reduced his pain from 6/10 to 3/10. Exam of the cervical spine revealed tenderness to palpation. Exam of the lumbar spine revealed tenderness to palpation and limited flexion due to pain. Exam of the bilateral knees revealed tenderness to palpation and crepitation on range of motion. Authorization was requested for Soma and compound transdermal medication Flurbiprofen/Baclofen/Lidocaine 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound transdermal medication Flurbiprofen/Baclofen/Lidocaine 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Thus these guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested topical formulation which contains lidocaine is not medically necessary. Furthermore, the guidelines recommend against baclofen in topical form on page 113 of the CPMTG. Given these factors, this request is not medically necessary.

Soma 350mg #90 (Rx given): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it appears the worker has been on one form of muscle relaxant or another for several months. The patient is noted in January 2015 to be on Flexeril already. The guidelines support muscle relaxants for short-term treatment of an acute exacerbation, but this has become chronic use. Given this, the currently requested carisoprodol (Soma) is not medically necessary.