

Case Number:	CM15-0160097		
Date Assigned:	10/15/2015	Date of Injury:	04/13/1985
Decision Date:	11/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

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 68 year old female who sustained an industrial injury April 13, 1985. According to a treating certified physician's assistant progress notes dated July 23, 2015, (the only progress report present) the injured worker presented with complaints of headache, low back, back, hip, and knee and ankle pain. She rated her pain 8-9 out of 10, constant and radiating and increased by standing. She is requesting a repeat epidural as the last one was helpful and described as providing 50% pain relief for approximately a year, reducing medications for several months (not dated, and not present in the medical record) and requesting refills of medication which are helpful in reducing pain and tolerated without side-effects. Current medication included Amitriptyline, Gabapentin, Lidoderm patch, Percocet, Soma, Naproxen, and Topamax. Objective findings included; 5'4" and 257 pounds; lumbar spine- decreased range of motion all planes, tenderness and spasm, positive trigger points, positive straight leg raise, right ankle dorsiflexion weakness, positive right lumbar radicular signs, positive Patrick's sign and Faber's test. Subjective radicular pain to the right L5 nerve root distribution, upper extremity. Assessment is documented as sacroilitis, other; polyneuropathy in diabetes; degenerative lumbar lumbosacral IV disc; unspecified thoracic-lumbar neuritis-radiculitis; spasm muscle. Treatment plan included recommendation for lumbar interlaminar epidural injection, adjustment to medication, and a urine drug screen obtained which was consistent (report not present in the medical record). At issue, is a request for authorization dated July 23, 2015, for Lidoderm, Soma, and Topamax. According to utilization review dated August 7, 2015, the request for Topamax 50mg Quantity: 90 with (1) refill, (1) tablet every morning and (2) tablets at bedtime and

Lidoderm 5% adhesive patch to affected area, (12) hours on- (12) hours off (quantity not specified) are non-certified. The request for Soma 350mg (1) PO (by mouth) BID (twice per day) # 60 was modified to Soma 350mg (13) tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 60 with 1 refill, 1 by mouth 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in April 1985 and is being treated for hip, knee, ankle, and back pain and headaches. When seen, pain was rated at 8-9/10. She was having constant radiating pain, which were sharp, burning, aching, and included pins and needles sensations. Medications are referenced as helping to reduce pain and were being well-tolerated without side effects. Physical examination findings included a body mass index over 44. She was in mild distress. There was decreased lumbar spine range of motion with tenderness, muscle spasms, and trigger points. Right straight leg raising was positive. There was right ankle dorsiflexion weakness. There was bilateral sacroiliac joint tenderness with positive Patrick/Fabere testing. Medications included gabapentin being prescribed at a daily dose of 900 mg per day. Topamax was being prescribed and the dose was increased from 100 mg to 150 mg per day. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.

Topamax 50 mg Qty 90 with 1 refill, 1 tab every morning/2 tabs at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The claimant has a remote history of a work injury occurring in April 1985 and is being treated for hip, knee, ankle, and back pain and headaches. When seen, pain was rated at 8-9/10. She was having constant radiating pain, which were sharp, burning, aching, and included pins and needles sensations. Medications are referenced as helping to reduce pain and were being well-tolerated without side effects. Physical examination findings included a body

mass index over 44. She was in mild distress. There was decreased lumbar spine range of motion with tenderness, muscle spasms, and trigger points. Right straight leg raising was positive. There was right ankle dorsiflexion weakness. There was bilateral sacroiliac joint tenderness with positive Patrick/Fabere testing. Medications included gabapentin being prescribed at a daily dose of 900 mg per day. Topamax was being prescribed and the dose was increased from 100 mg to 150 mg per day. Antiepilepsy drugs (anti-convulsants) are recommended for neuropathic pain due to nerve damage. Topamax (topiramate) has been shown to have variable efficacy. However, gabapentin has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned. Prescribing a second anti-convulsant medication without an adequate trial of a first-line agent cannot be accepted as being medically necessary.

Lidoderm 5% adhesive patch, apply 1 patch to affected area, 12 hrs on/ 12 hrs off (Qty not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1985 and is being treated for hip, knee, ankle, and back pain and headaches. When seen, pain was rated at 8-9/10. She was having constant radiating pain, which was sharp, burning, aching, and included pins and needles sensations. Medications are referenced as helping to reduce pain and were being well-tolerated without side effects. Physical examination findings included a body mass index over 44. She was in mild distress. There was decreased lumbar spine range of motion with tenderness, muscle spasms, and trigger points. Right straight leg raising was positive. There was right ankle dorsiflexion weakness. There was bilateral sacroiliac joint tenderness with positive Patrick/Fabere testing. Medications included gabapentin being prescribed at a daily dose of 900 mg per day. Topamax was being prescribed and the dose was increased from 100 mg to 150 mg per day. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.