

<b>Case Number:</b>	CM15-0171199		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	01/08/2003
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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

### 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 63 year old male who sustained an industrial injury on 1-8-03. The injured worker reported pain in the back with radiation to the lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for L3-L4 disc protrusion status post lumbar discectomy and fusion. Medical records dated 3-10-15 indicated the injured workers pain was "mainly in the back." Treatment has included status post lumbar discectomy and fusion, transcutaneous electrical nerve stimulation unit, Restoril, Norco since at least March of 2010, Soma since at least March of 2010, and Lidoderm since at least March of 2010. Objective findings dated 3-10-15 were notable for lumbar paraspinals with tenderness to palpation, well healed lumbar surgical scars, and decreased lumbar range of motion. The original utilization review (8-20-15) partially approved Dexilant 60 milligrams quantity of 30, Lidocaine HCL (hydrochloride) jelly 2%, quantity of 30 and Carisoprodol 350 milligrams quantity of 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 09/10/15 progress report provided by treating physician, the patient presents with low back and occasional right thigh pain. The patient is status post lumbar fusion, date unspecified. The request is for DEXILANT 60MG, #30. RFA with the request not provided. Current diagnosis not provided. Patient's diagnosis per QME report dated 07/27/12 included herniated nucleus pulposus, L3-L4, post surgical incision; fusion with instrumentation at L3-L4; and left leg radiculopathy. Physical examination to the lumbar spine on 09/10/15 revealed well-healed surgical scars, tenderness to the paraspinal muscles, iliolumbar and sacroiliac regions, and range of motion decreased 60% of normal. Treatment to date has included surgery, TENS, home exercise program and medications. Current work status not provided. Per 07/27/12 QME report, the patient was not working. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater has not provided reason for the request. Only 2 recent progress reports were provided. RFA not available, either. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, current medication list has not been provided. It is not known whether the patient is undergoing NSAID therapy, and treater has not provided GI assessment to warrant prophylactic use of PPI. There are no discussions of gastric issues in provided medical records. Given lack of documentation, this request IS NOT medically necessary.

**Lidocaine HCL (hydrochloride) jelly 2%, #30:** 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): Topical Analgesics.

**Decision rationale:** Based on the 09/10/15 progress report provided by treating physician, the patient presents with low back and occasional right thigh pain. The patient is status post lumbar fusion, date unspecified. The request is for LIDOCAINE HCL (HYDROCHLORIDE) JELLY 2%, #30. RFA with the request not provided. Current diagnosis not provided. Patient's diagnosis per QME report dated 07/27/12 included herniated nucleus pulposus, L3-L4, post surgical incision; fusion with instrumentation at L3-L4; and left leg radiculopathy. Physical examination to the lumbar spine on 09/10/15 revealed well-healed surgical scars, tenderness to the paraspinal muscles, iliolumbar and sacroiliac regions, and range of motion decreased 60%

of normal. Treatment to date has included surgery, TENS, home exercise program and medications. Current work status not provided. Per 07/27/12 QME report, the patient was not working. MTUS, Topical Analgesics Section, p 111, regarding topical cream states: "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Only 2 recent progress reports were provided. RFA not available, either. In this case, treater has not provided reason for the request, nor discussed where this topical is applied and with what efficacy. Nonetheless, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Carisoprodol 350mg, #30:** 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:** Based on the 09/10/15 progress report provided by treating physician, the patient presents with low back and occasional right thigh pain. The patient is status post lumbar fusion, date unspecified. The request is for CARISOPRODOL 350MG, #30. RFA with the request not provided. Current diagnosis not provided. Patient's diagnosis per QME report dated 07/27/12 included herniated nucleus pulposus, L3-L4, post surgical incision; fusion with instrumentation at L3-L4; and left leg radiculopathy. Physical examination to the lumbar spine on 09/10/15 revealed well-healed surgical scars, tenderness to the paraspinal muscles, iliolumbar and sacroiliac regions, and range of motion decreased 60% of normal. Treatment to date has included surgery, TENS, home exercise program and medications. Current work status not provided. Per 07/27/12 QME report, the patient was not working. MTUS, Muscle relaxants (for pain) section, Soma, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amri, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects." Treater has not provided reason for the request. Only 2 recent progress reports were provided. RFA not available, either. MTUS recommends antispasmodic agents such as Carisoprodol (Soma), only for a short period (no more than 2-3 weeks). The patient has been prescribed Soma at least since 03/10/15, per 07/27/12 report. The request for additional prescription of antispasmodic Soma would exceed guideline recommendations. The request for additional prescription of Soma quantity 30 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

