

Case Number:	CM15-0172459		
Date Assigned:	09/14/2015	Date of Injury:	11/30/1994
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	09/01/2015

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 (IW) is a 60 year old female who sustained an industrial injury on 11-30-1994. The injured worker was diagnosed as having Arachnoiditis, Lumbar Radiculopathy, and Postlaminectomy syndrome, lumbar region. Treatment to date has included DC Stim (direct current stimulation) and medications. In the exam notes of 07-06-2015 the injured worker presents for follow up of pain control. Her current medications include Oxycontin 40 mg and Lidocaine 5%. Her current pain level is mild with a previous pain level of severe. She does have breakthrough pain, and she does have a narcotic contract. Subjectively, it is noted that her pain is well controlled by DC Stim and medications. She has improved somewhat taking Celebrex. Objectively, she walks with a cane and no changes are noted. (04-20-1015) The treatment plan was for her to continue medications and DC Stim (not explained what this is). She is on Oxycontin 40 mg, Baclofen 10 mg, and Soma 350 mg. A request for authorization was submitted 07-28-2015 for Oxycontin 40mg #90, Soma 350mg #90, Celebrex 200 mg, and Lidoderm patches 5%. A utilization review decision (07-28-2015), certified the request for Oxycontin 40mg #90, denied the request for Soma 350mg #90, Certified the request for Celebrex 200mg, and denied the request for Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 November 1994 and continues to be treated for low back pain including diagnoses of post laminectomy syndrome and arachnoiditis. When seen, pain was well-controlled by electrical stimulation and medications. Physical examination findings included ambulating with a cane. At the previous visit baclofen was being discontinued and Soma was prescribed. Medications also include OxyContin at a total MED (morphine equivalent dose) of 180 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 is 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 was not medically necessary.

Lidoderm patches 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 November 1994 and continues to be treated for low back pain including diagnoses of post laminectomy syndrome and arachnoiditis. When seen, pain was well-controlled by electrical stimulation and medications. Physical examination findings included ambulating with a cane. At the previous visit baclofen was being discontinued and Soma was prescribed. Medications also include OxyContin at a total MED (morphine equivalent dose) of 180 mg per day. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. 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 was not medically necessary.