

Case Number:	CM15-0177043		
Date Assigned:	09/17/2015	Date of Injury:	07/27/2012
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 7-27-12. The documentation on 7-14-15 noted that the injured worker has complaints of cervical spine and lumbar spine pain. The injured worker describes his pain in the cervical spine as sharp that goes down to the left shoulder, which he rates at 7 out of 10 on the pain scale. His lumbar spine pain is described as sharp radiating down to the legs, which he rates at 6-7 out of 10 on a pain scale. The injured worker notes that his neck and low back pain has increased since his last visit. There is tenderness noted to palpation spasm and tightness over the cervical paraspinal muscles and there is facet tenderness to palpation noted over the C3 through C7 levels. There is tenderness to palpation over the acromioclavicular joint and he has decreased sensation in the C6-C7 dermatomes bilaterally. Lumbar spine examination revealed there is lumbar paraspinal muscle tenderness and query muscle tenderness. There is facet tenderness to palpation noted over the L4 through S1 (sacroiliac) levels and there is decreased sensation in the left L5 and S1 (sacroiliac) dermatomes. The documentation noted that the injured workers urinary drug screening on 7-14-15 through the Screener and Opioid Assessment for Patients with Pain- Revised (SOAPP-R) method the score was higher than 19 indicating the injured worker is at high risk for narcotic abuse, misuse and dependency. The last urinary screening test from 4-7-15 was positive for Norco and soma. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; brachial neuritis or radiculitis not otherwise specified; degeneration of cervical intervertebral disc; lumbar spine muscle spasm and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included Norco; soma; protonix; ultram ER;

lidoderm patches and daily exercises and stretches. The original utilization review (8-5-15) non-certified the request for soma 350mg #60 and lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

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 hydrocodone and Ultram which increases side effect risks and abuse potential. Pai score reduction with use of medication is unknown. The use of SOMA is not medically necessary.

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was on topical Lidoderm with opioids for several months. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.