

<b>Case Number:</b>	CM15-0062491		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/14/1981
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 78-year-old male with an industrial injury dated January 14, 1981. The injured worker diagnoses include lumbar and cervical strain, status post lifting injury in 1981 with left L5 and S1 radiculopathies, history of increased left leg pain and weakness in July of 2013, and status post L4-L5 decompression/left L3 foraminotomy in May of 2014. Comorbid conditions include polymyalgia rheumatica. He has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 3/10/2015, the injured worker reported low back pain. Physical exam revealed positive straight leg raises on the left, decreased sensation to light touch over the anterior aspect of the left thigh, decreased left knee extension/flexion and decrease left ankle dorsiflexion. The treating physician prescribed Soma and Lidoderm now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma (Carisoprodol) 350mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Weaning of Medications Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Carisoprodol; Muscle Relaxants (for pain); Weaning of Medications Page(s): 29, 63-65 and 124.

**Decision rationale:** Carisoprodol is a centrally acting skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, Carisoprodol is not recommended by the MTUS for use to treat pain as it is metabolized to meprobamate, a barbiturate and a schedule-IV controlled substance. If this medication is used, it is only indicated for short-term use. This patient has been on carisoprodol therapy for over 3 months. There is no indication to continue use of this medication. Since a withdrawal syndrome has been associated with use of this medication, weaning is recommended. The treatment is not medically necessary.

**Lidoderm 5% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics Page(s): 56-7 and 111-113.

**Decision rationale:** Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Since this patient has neuropathic pain use of lidocaine is considered an option for therapy but the MTUS restricts its use to after a trial of first-line medication therapies such as tricyclic antidepressants or antiepileptic drugs. The patient has been using this preparation for at least three months and it does help lessen the patient's pain and increase his ability to function. However, the records available for review do not document prior use of any of the approved first-line medications. Because of this lack of documentation, the medical necessity for use of this preparation has not been established.