

Case Number:	CM15-0063920		
Date Assigned:	04/09/2015	Date of Injury:	08/13/2003
Decision Date:	05/15/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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 53 year old male, who sustained an industrial injury on 8/13/2003. Diagnoses have included sprain/strain of cruciate ligament of the left knee, lumbar sprain/strain, meniscus tear right knee and trochanteric bursitis. Treatment to date has included surgery, lumbar epidural steroid injection and medication. According to the progress report dated 3/5/2015, the injured worker complained of low back pain, left greater than right rated 7/10. He complained of left hip pain rated 6/10. He also complained of left knee pain rated 6/10. Physical exam revealed an antalgic gait. There was tenderness and spasm in the left sacroiliac joint, and tenderness in the left middle back, left low back and left buttocks. Authorization was requested for Norco, Ibuprofen, Soma, Omeprazole and LidoPro.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Carisoprodol (Soma) Page(s): 63-66, 29.

Decision rationale: This patient has a date of injury of 08/13/03 and presents with low back, left hip and bilateral knee pain. The current request is for SOMA 350MG #90. The Request for Authorization is dated 03/05/15. The MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use". MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350", Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The patient has been utilizing Soma as a muscle relaxant for his lower back since at least 09/04/14. The MTUS Guidelines supports the use of sedating muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. In this case, further use cannot be supported as this medication has been prescribed for long term use, exceeding MTUS recommendations. The requested SOMA is not medically necessary.

Lidopro 121mg, 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient has a date of injury of 08/13/03 and presents with low back, left hip and bilateral knee pain. The current request is for LIDOPRO 121GM, 4OZ. The Request for Authorization is dated 03/05/15. LidoPro compound cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety". This patient has been prescribed LidoPro cream as a "non-pharmaceutical pain control for lumbar, left hip and bilateral knee injury" since at least 09/04/14. In this case, this patient has chronic knee pain and the use of a topical methyl salicylate may be indicated; however, per MTUS Guidelines lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. MTUS states that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The requested LidoPro cream is not medically necessary.