

<b>Case Number:</b>	CM15-0066599		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	04/17/2000
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 41 year old man sustained an industrial injury on 4/17/2000. The mechanism of injury is not detailed. Evaluations include a lumbosacral MRI dated 5/3/2011. Diagnoses include chronic low back pain. Treatment has included oral medications and surgical intervention. Physician notes dated 1/21/2015 show complaints of continued low back pain with radiation down the left lower extremity. Recommendations include Lyrica, Norco, Soma, Lunesta, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** Lyrica 75mg, #60 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of anti-epileptics such as Lyrica treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The MUTS notes that anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants, they are recommended for neuropathic pain (pain due to nerve damage). The documentation indicates that the patient has neuropathic pain but a refill is not appropriate as written in the request as the MTUS recommends continued use of an antiepileptic drug with evidence of pain relief and functional improvement. Therefore the request as written is not medically necessary.

**Soma 350mg, #90 dispensed 3/20/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Carisoprodol (Soma).

**Decision rationale:** Soma 350mg, #90 dispensed 3/20/15 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term (since August 2014) which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.