

<b>Case Number:</b>	CM13-0039775		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/17/1998
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old female who reported an injury on 01/19/1998, which resulted in a herniated disc at the C4-5 and C5-6 levels. The patient has had ongoing chronic neck problems, describing them as tightness and knots with objective findings of tenderness and tightness bilaterally, which are much more pronounced on the right trapezius muscle. The patient has been taking oral medications to help reduce her discomfort and improve her functional ability. The patient was most recently seen on 11/08/2013 with continued complaints of the cold weather bothering her neck, with tightness and additional knotting that has been noted. The patient's current diagnosis is chronic neck pain secondary to herniated nucleus pulposus (HNP) at the C4-5 and C5-6 levels. An MRI performed on 03/19/2012 also noted the patient as having degenerative disc disease with mild spinal stenosis, but no foraminal stenosis. The patient is currently on a modified work status with no lifting of more than 25 pounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation FDA (carisoprodol)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®) Page(s): 29.

**Decision rationale:** The patient has been utilizing oral medications to include carisoprodol, otherwise known as Soma, to help treat her chronic neck pain. The patient had formerly been using Flexeril as a means to reduce the pain and discomfort; however, she found that the Soma was more effective than the cyclobenzaprine. However, under California MTUS, carisoprodol is not recommended or indicated for long-term use. This medication is commonly prescribed, essentially acting as a skeletal muscle relaxant whose primary active metabolite is meprobamate. It is further noted under the guidelines, abuse has been noted for sedative and relaxant effects and, in regular abusers, the main concern is the accumulation of meprobamate. The patient has had urine drug screenings performed, which did note that she is utilizing the medication appropriately. However, because California MTUS does not recommend the long-term use of this medication, the requested service cannot be fulfilled at this time. Furthermore, the physician failed to include the dosage and total number of tablets to be utilized. As such, the requested service is non-certified.

**Ativan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The patient has been utilizing Ativan since at least 10/2012. Under California MTUS, it states that benzodiazepines are not recommended for long-term use, because the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. Tolerance to hypnotic effects develops rapidly, and tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. As noted before, the patient has been utilizing this medication for over a year, and there are no significant objective measurements reflecting the positive efficacy of this medication. Furthermore, the physician failed to include the dosage and total number of tablets to be distributed for use. Therefore, the continued use cannot be warranted at this time. As such, the requested service is non-certified.

**Ibuprofen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation ODG (Pain Chapter)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** According to California MTUS, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be used to treat breakthrough and mixed pain conditions such as osteoarthritis and other nociceptive pain, and with neuropathic pain. The patient has been utilizing ibuprofen since at least 10/2012, at a dosage of 800 mg;

however, there is no objective information pertaining to the efficacy of the use of this medication towards reducing the patient's pain and discomfort. Furthermore, the physician has failed to provide the dosage and total number of tablets to be distributed for use. As such, the requested service is non-certified.

**Levothyroxine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Levothyroxine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.drugs.com/search.php?searchterm=Levothyroxine>

**Decision rationale:** This medication is not covered under California MTUS, ACOEM, or Official Disability Guidelines. Therefore, Drugs.com, the online website, has been utilized in this case. Under Drugs.com, it states that levothyroxine is a replacement for a hormone normally produced by your thyroid gland to regulate the body's energy and metabolism. The patient has been utilizing this medication at a dosage of 100 mcg every day. However, the physician has failed to request the milligrams needed at this time for the patient. Without having documentation indicating the patient is either continuing with the same dosage or has had her milligrams increased/decreased, the requested service cannot be certified at this time.

**Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation ODG (Pain Chapter); FDA (Omeprazole)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Under California MTUS, it states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor such as omeprazole. The patient has been utilizing omeprazole since at least 10/2012; however, there is nothing indicating the patient has any type of gastrointestinal issues. Furthermore, the physician has failed to include the dosage and the total number of tablets he wishes the patient to continue using. Therefore, at this time, the requested service cannot be fulfilled.