

<b>Case Number:</b>	CM13-0047798		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/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:

This patient is a 49 year old employee with date of injury of 4/20/2008. Medical records indicate the patient is undergoing treatment for chronic neck and back pain with evidence of cervical disk protrusions and degenerative disk disease (DDD); right and left shoulder pain with rotator cuff pathology; right and left knee pain with anterior cruciate ligament rupture and DDD of knee joint. Subjective complaints include muscle spasm, weakness and pain into upper extremities. The patient describes radiculopathy into the left lower extremity; in the lumbar spine, pain is mostly axial; knee pain and difficulty bearing weight and bilateral shoulder pain. It was noted that cortisone injections gave him 2 months of relief. Objective findings include a note, dated 10/3/2013 revealing cervical spine pain associated with cervicogenic headaches and radicular symptoms in both extremities. A cervical spine exam reveals pain at the cervical musculature with mild muscle rigidity noted. Range of motion (ROM) is limited in both shoulders bilaterally. His supraspinatus test is positive bilaterally in both shoulders; decreased sensation to pinwheel at C5 and C6 dermatomes on the left compared to the right; point tenderness in the subacromial bursa region and crepitus. His lumbar spine has tenderness to palpation with mild paraspinal muscle guarding and decreased ROM; straight leg raise was 60 degrees bilaterally; right groin area had ecchycomsis along right inguinal region; right knee tenderness along medial and lateral joint with crepitus noted in ROM and he had minimal soft tissue swelling. Treatment has consisted of Synvisc-1 right knee; Norco; Soma; Valium; Ultram; Anaprox DS; Prilosec; Synovacin; Dendracin; Fexmid; patient is pending neck surgery; TENS unit; HEP and right knee support. The utilization review determination was rendered on 10/24/2013 recommending non-certification of SOMA; VALIUM; PRILOSEC 20MG #180; DENDRACIN TOPICAL ANALGESIC CREAM and FEXMID 7.5MG #180.

## 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 CARISOPRODOL (SOMA).

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

**Decision rationale:** MTUS states concerning Soma (Carisoprodol), Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. ODG States that Soma is, Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use. The treating physician has not provided documentation to exceed the above guidelines. As such, the request for Soma 350 mg # 84 with 1 refill is not medically necessary.

**VALIUM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

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

**Decision rationale:** MTUS states that benzodiazepine (i.e. Valium) is Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The treating physician does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and if so, what the outcome was. As such, the request for Valium is not medically necessary.

**PRILOSEC 20MG #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS states Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). And, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request is not medically necessary.

**DENDRACIN TOPICAL ANALGESIC CREAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

**Decision rationale:** Dendracin topical analgesic cream contains methyl salicylate/benzocaine/menthol .The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. As such the request for Dendracin Topical Analgesic Cream is not medically necessary.

**FEXMID 7.5MG #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42,60-61. Decision based

on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (FEXMID, also known as Flexeril), Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Additionally, MTUS outlines, Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate Flexeril also recommends Do not use longer than 2-3 weeks and is for Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions. The medical documentation provided does not establish the need for long term/chronic usage of Fexmid, which MTUS guidelines advise against. Medical records do not indicate that the patient's functionality has improved and pain has decreased from the use of Fexmid. As such, the request for Fexmid 7.5mg #180s is not medically necessary.