

<b>Case Number:</b>	CM13-0058452		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 48 year old patient had a date of injury on 12/7/2010. The mechanism of injury was not described. On a physical exam dated 10/17/2013, examination revealed painful cervical range of motion, decreased sensation in the right and left C6 distribution. Assessment included chronic pain syndrome, degenerative disc disease (DDD) cervical spine, spondylosis, and spinal stenosis. The diagnostic impression showed multilevel DDD with disk bulging, spondylosis and neural foraminal narrowing from C3-C7 levels. The treatment to date includes medication, behavioral modification and acupuncture. A UR decision on 11/14/2013 denied the request for Soma 350mg and Zofran 4 mg, stating that Soma is not indicated for long-term use of more than 2-3 week period. It is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Zofran 4mg is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use. Nausea and vomiting is common with use of opioids, and these side effects tend to diminish over days to weeks of continued exposure. Furthermore, the ODG states that Zofran is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350MG BID PM SPASMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

**Decision rationale:** The California MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. Furthermore, Soma is not indicated for long-term use of more than 2-3 week period. In addition, this patient is on Oxycodone, and Soma is known to augment and/or alter the effects of opiates, which increases the risk of sedation. Therefore, the request for Soma 350 is not medically necessary.

**ZOFRAN 4MG BID PRN NAUSEA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anti-emetics for opioid nausea.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration (Ondansetron).

**Decision rationale:** The California MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. Furthermore, Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use. The patient is currently on Oxycodone 15mg. Nausea and vomiting is common with use of opioids, and these side effects tend to diminish over days to weeks of continued exposure. Therefore, the request for Zofran 4mg nausea is not medically necessary.