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| <b>Case Number:</b>   | CM14-0007548 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 11/13/1995 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 01/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### 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 is a 51-year-old female with a 11/13/95 date of injury due to repetitive use and heavy lifting. She is noted to be on Soma, Celebrex, and Zomig (PRN migraine headaches) since at least 2011. The patient is noted to have been on Imitrex in 2000 for severe migraines. A neurology report dated 11/4/13 documented the patient had been receiving quarterly Botox injections to muscle sin the face, temporalis, scalene, and trapezius muscles for occupationally induced cervical dystonia with secondary headaches and scalene muscle spasms, which resulted in a 75% reduction in her pain and spasms. She was given Botox injections on that date as well. The patient was seen on 12/19/13 with ongoing complaints of neck, lower back, right elbow, and right scapular pain. Exam findings revealed cervical pain with motion, trapezius and rhomboid spasms, scalene tightness, and a positive Spurling's test. Her diagnosis is cervical and lumbar disc degeneration, cervicogenic headaches, lateral epidondyltiis to the right elbow, and right wrist pain. She was noted to be on Soma, Celebrex, Gabapentin, and Zomig. Treatment to date: medications, Botox, facet injections, ganglion blocks, cervical epidural injections (noted to worsen the patient's migraines), acupuncture, physical therapy, cortisone injections to the right upper extremity.

### 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 Page(s): 29.

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

**Decision rationale:** CA 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. This patient has been on Soma for years without adequate documentation of reduction in pain, gain of function, or spasm reductions with use of this medication. The patient is noted to be on Botox quarterly for her muscle spasms, migraines, and cervical dystonia which reduces her pain and spasms by 75%, and it is unclear why she still requires a TID dosing of this medication or why she requires it at all. In addition, she has also exceeded the treatment guidelines for recommended duration of use of this medication. The UR decision reduced her quantity from 90 to 45, allowing for a taper off the medication. Therefore, the request for Soma #90, as submitted, was not medically necessary.

**CELEBREX 200MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Celebrex.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Drugs Page(s): 22.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. There is no rationale for the ongoing use of this medication. There is no documented description of gain or maintenance of function or pain reduction with regard to this medication. Therefore, the request for Celebrex as submitted was not medically necessary.

**ZOMIG ZMT 5MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Head and Neck Chapter-Triptans.

**Decision rationale:** CA MTUS does not address this issue. This drug is recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. There is no documentation with regard to this patient's migraine frequency, whether this medication was able to terminate the patient's migraines, and why she still requires ongoing use despite her Botox injections which have been helpful with regard to her migraine headaches. Therefore, the request for Zomig was not medically necessary.