

<b>Case Number:</b>	CM14-0011960		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/21/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 63-year-old male with date of injury of 05/21/2008. The listed diagnoses per [REDACTED], dated 10/29/2013, are: 1. Disk bulge, cervical spine, with myalgia. 2. Rotator cuff injury, left shoulder, with bicep tendon tear and impingement. According to this report, the patient has a painful condition in the neck and left upper extremity. He reports improvement with therapy for some of his pain to the neck. He still has neck stiffness off and on. The physical exam shows the cervical spine has paraspinal tenderness to palpation. Spasm is noted above the bilateral trapezial areas. Forward flexion and extension are full. Pain is reproduced with motion, with shooting type pain into the bilateral upper extremities. Left shoulder forward flexion is full. Range of motion is painful. Neer sign and Hawkins' test are positive. Generalized weakness is noted throughout motion. The utilization review denied the request on 01/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO NEXIUM 40 MG #60 DATES OF SERVICE: 10/29/13-10/29/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PROTON PUMP INHIBITORS, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines NSAIDs,.

**Decision rationale:** This patient presents with chronic neck and bilateral upper extremity pain. The treater is requesting Nexium 40 mg. The MTUS Guidelines page 68 and 69 on NSAIDS, GI events and cardiovascular risks states that it is recommended for precaution for patients at risk for gastrointestinal events: 1. Age is greater than 65 years old. 2. History of peptic ulcer or GI bleed or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose multiple NSAIDs. The progress report from 01/29/2013 to 10/29/2013 showed that the patient has been taking Nexium since 07/29/2013. It appears that the treater prescribed this medication in conjunction with Celebrex. The treater does not explain whether or not Celebrex is working to control the patient's pain and overall function. If Celebrex is helping, then prophylactic use of PPI would be reasonable. But there is no such documentation. Recommendation is for denial.

**RETRO SOMA 350 MG #60 DATES OF SERVICE: 10/29/13-10/29/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA®), MUSCLE RELAXANTS (FOR PAIN), 65

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

**Decision rationale:** This patient presents with chronic neck and bilateral upper extremity pain. The treater is requesting a retrospective request for Soma 350 mg. The MTUS Guidelines page 29 on carisoprodol (Soma) states, "not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance)." The records show that the patient started taking Soma on 07/29/2013. In this case, the MTUS Guidelines does not recommend the long-term use of this medication. Recommendation is for denial.

**RETRO NEXIUM 40 MG #30 DATES OF SERVICE: 10/29/13-10/29/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PROTON PUMP INHIBITORS, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines NSAIDs,.

**Decision rationale:** This patient presents with chronic neck and bilateral upper extremity pain. The treater is requesting Nexium 40 mg. The MTUS Guidelines page 68 and 69 on NSAIDS, GI events and cardiovascular risks states that it is recommended for precaution for patients at risk for gastrointestinal events: 1. Age is greater than 65 years old. 2. History of peptic ulcer or GI bleed or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose multiple NSAIDs. The progress report from 01/29/2013 to 10/29/2013 showed that the patient has been taking Nexium since 07/29/2013. It appears that the treater prescribed this medication in conjunction with Celebrex. The treater does not explain whether or not Celebrex is working to control the patient's pain and overall function. If Celebrex is helping, then prophylactic use of PPI would be reasonable. But there is no such documentation. Recommendation is for denial.

**RETRO SOMA 350 MG #120 DATES OF SERVICE: 10/29/13-10/29/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA®), MUSCLE RELAXANTS (FOR PAIN), 65

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

**Decision rationale:** This patient presents with chronic neck and bilateral upper extremity pain. The treater is requesting a retrospective request for Soma 350 mg. The MTUS Guidelines page 29 on carisoprodol (Soma) states, "not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule IV controlled substance)." The records show that the patient started taking Soma on 07/29/2013. In this case, the MTUS Guidelines does not recommend the long-term use of this medication. Recommendation is for denial.