

Case Number:	CM14-0123581		
Date Assigned:	08/08/2014	Date of Injury:	08/23/2007
Decision Date:	11/06/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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:

According to the provided documents, this is a 53 year old man with a date of injury of 8/23/07. The mechanism of injury is not known. The disputed treatments are carisoprodol 350 mg #30 Nexium DR 20 mg #30 and #21. These were addressed in the utilization review determination letter from 7/9/14. The determination indicated that there is a request for authorization from 6/26/14 and a reevaluation by the requesting pain management physician from 6/12/14. That report is summarized in the utilization review determination and was not available for this review. That summary indicated that there was low back pain radiating into the right lower extremity, and complaints of frequency of muscle spasms in the low back. There are reports of GERD related medication associated gastrointestinal upset. An exam of lumbar spine revealed spasm, tenderness and limited range of motion. The cervical spine was also tender with limited range of motion due to pain. Reportedly, the patient has failed omeprazole and pantoprazole and the Nexium was helpful in controlling the G.I. symptoms. In addition to the requested refills of carisoprodol and Nexium, there was a request for refills for Lyrica and Percocet which were also requested that date. Provided for this review is an evaluation from 7/30/14 from the pain management physician. This included subjective complaints of neck pain radiating down the right upper extremity, low back pain radiating down the right lower extremity with recurrence of muscle spasms in the low back, there is chest wall pain on the right side. The patient reported GERD related, to medication associated gastrointestinal upset. (Reviewer comment -there is no mention of when the patient last experienced symptoms of this however). The patient reported that the current muscle relaxant and opioid pain medication is helpful. The patient stated that his medications were authorized. The examination was consistent with that cited above as being present on the previous evaluation. There is still mention of spasms of the bilateral paraspinous musculature. The report reviewed previous diagnostic studies including lumbar MRI. Diagnoses

were chronic pain; cervical radiculopathy; status post cervical spinal fusion; failed back surgery syndrome lumbar; lumbar radiculopathy; status post fusion lumbar spine; GERD medication related dyspepsia; status post lumbar spine hardware removal; status post cervical spine disc displacement; anterior cervical discectomy and fusion; coronary artery disease status post MI. The patient is currently not working. Treatment recommendations were for chiropractic treatment, and home exercises. The medications were renewed including carisoprodol as previously prescribed, Lyrica, Percocet and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol; Muscle relaxants Page(s): 29; 63-65.

Decision rationale: This medication is a sedating muscle relaxant also known as Soma. MTUS guidelines do not recommend use of this muscle relaxant, particularly for long-term use. It notes it is used for sedative and relaxant effects and that when used in combination with hydrocodone it can have an effect that is similar to heroin. Guidelines warn about withdrawal syndrome with abrupt discontinuation of large doses. Since this was requested as a refill, he has exceeded the maximum recommendation of 2-3 weeks. Continued use is not supported by guidelines. Therefore, based upon the evidence and the guidelines, this is not medically necessary. Note is made that this does not imply that this medication should be abruptly withdrawn but a tapering and weaning plan should be instituted. Continued chronic use is not medically necessary.

Nexium DR 20mg #30: 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 Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) proton pump inhibitors Other Medical Treatment Guideline or Medical Evidence: <http://reference.medscape.com/drug/nexium-nexium-24hr-esomeprazole-341998>; <http://emedicine.medscape.com/article/176595-medication#3> Gastroesophageal Reflex Disease Medication

Decision rationale: This is a proton pump inhibitor also known as omeprazole. This specific drug is not mentioned in MTUS chronic pain guidelines but this class of drugs is mentioned as being indicated for gastrointestinal prophylaxis for patients at high risk for gastrointestinal side

effects when using non-steroidal anti-inflammatory drugs. In this case, the patient is not using any non-steroidal anti-inflammatory drugs but the report indicates that he developed upper gastrointestinal illness, GERD, because of past use of medications. ODG guidelines indicate that this medication should not be a first-line choice proton pump inhibitor because is not available in generic and it is very similar to Prilosec which is available in generic. ODG says use of proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time because they are not innocuous. However, neither MTUS nor ODG discusses the indications for use in treating GERD as it is being used here. A Medscape article noted above, recommends use of this medication at a dose of 20 mg a day for 4 weeks and an additional 4 weeks if the symptoms do not resolve completely in the 1st 4 weeks. The report does not indicate that the patient remains symptomatic from the GERD. At this point, continued chronic use is not supported by the references. Therefore, based upon the evidence and the guidelines, continued use of this medication is not supported and is not considered to be medically necessary.

Nexium DR 20mg #21: 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 Procedure

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) proton pump inhibitors Other Medical Treatment Guideline or Medical Evidence: <http://reference.medscape.com/drug/nexium-nexium-24hr-esomeprazole-341998>; <http://emedicine.medscape.com/article/176595-medication#3> Gastroesophageal Reflex Disease Medication

Decision rationale: This is a proton pump inhibitor also known as omeprazole. This specific drug is not mentioned in MTUS chronic pain guidelines but this class of drugs is mentioned as being indicated for gastrointestinal prophylaxis for patients at high risk for gastrointestinal side effects when using non-steroidal anti-inflammatory drugs. In this case, the patient is not using any non-steroidal anti-inflammatory drugs but the report indicates that he developed upper gastrointestinal illness, GERD, because of past use of medications. ODG guidelines indicate that this medication should not be a first-line choice proton pump inhibitor because is not available in generic and it is very similar to Prilosec which is available in generic. ODG says use of proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time because they are not innocuous. However, neither MTUS nor ODG discusses the indications for use in treating GERD as it is being used here. A Medscape article noted above, recommends use of this medication at a dose of 20 mg a day for 4 weeks and an additional 4 weeks if the symptoms do not resolve completely in the 1st 4 weeks. The report does not indicate that the patient remains symptomatic from the GERD. At this point, continued chronic use is not supported by the references. Therefore, based upon the evidence and the guidelines, continued use of this medication is not supported and is not considered to be medically necessary.