

<b>Case Number:</b>	CM14-0148513		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	01/01/2001
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 46 year-old female with a history of a cumulative trauma work injury with a date of injury of 01/01/01. She continues to be treated for chronic neck and myofascial pain. She was seen by the requesting provider on 07/02/14. She was having right shoulder pain which had been present for three weeks and right elbow pain since the beginning of 2014. She was having constant symptoms which were well controlled. Her problem list included chronic nonspecific abdominal pain in March 2012. Medications included misoprostol 100 mg three times per day and ibuprofen 800 mg three times per day. Physical examination findings included trapezius and paracervical muscle tenderness. There was right subdeltoid bursa tenderness. She had tenderness over the right lateral epicondyle which was increased with wrist extension. There was normal upper extremity strength. Medications were refilled. On 09/10/14 she had ongoing symptoms which were now poorly controlled. Authorization for medications had been denied. She was continuing to work up to 24 hours per week. She was having bilateral shoulder pain. She was receiving chiropractic treatments. Physical examination findings appear unchanged. Review of systems was negative for abdominal pain, heartburn, nausea, or vomiting. Soma, Misoprostol, Lidoderm, Tramadol, Klonopin, and Ibuprofen were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol Tablet 350mg #90 with 1 Refill: 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 Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for continues to be treated for chronic neck and myofascial pain. Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Continued prescribing is not medically necessary.

**Clonazepam Tablet 0.5mg #10 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications in Chronic Pain

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for continues to be treated for chronic neck and myofascial pain. Clonazepam is a benzodiazepine which carries a risk of abuse and physiological dependence with long-term use. It is not recommended for long-term unless the patient is being seen by a psychiatrist. Gradual weaning is recommended for long-term users. In this case it is being prescribed on a long term basis and the claimant is not receiving this medication under the treatment of a psychiatrist. Therefore, continued prescribing was not medically necessary.

**Misoprostol Tablet 100 mcg #90 with 1 Refill:** 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, Specific Drug List & Adverse Effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for continues to be treated for chronic neck and myofascial pain. Misoprostol is a synthetic prostaglandin that is used to reduce the risk of stomach ulcers in patients treated with non-steroidal anti-inflammatory drugs. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The claimant is not being

prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. Therefore, the continued prescribing of misoprostol was not medically necessary.

**Lidoderm Dis 5% 30 Day Supply #90 with 1 Refill:** 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 Lidoderm (Lidocaine Patch); Topical Analgesics Page(s): 56-57; 111-113.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic neck and myofascial pain. In terms of topical treatments, topical Lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. Therefore, Lidoderm was not medically necessary.