

<b>Case Number:</b>	CM14-0156244		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Family Medicine and is licensed to practice in Texas and 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 22 year old female patient who sustained a work related injury on 11/29/13. The exact mechanism of injury was not specified in the records provided. The current diagnoses include anxiety, post traumatic stress disorder, thoracic sprain, and neck sprain. Per the doctor's note dated 9/10/14, patient has complaints of cervical spine pain. Physical examination revealed paravertebral muscle tenderness and spasm, range of motion limited in flexion at 38 degrees, extension 31 degrees, right and left rotation at 56 degrees and bilateral bending at 28 degrees and examination of the thoracic spine revealed paravertebral muscle tenderness and spasm, 5/5 strength, and negative all special tests. The current medication lists include Carisoprodol, naproxen, and omeprazole. The patient has had cervical magnetic resonance imaging (MRI) on 5/18/2014 that was unremarkable and Thoracic MRI showed mild multilevel degenerative disc disease any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of the acupuncture treatment visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Saoma), Muscle Relaxants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carisoprodol (Soma®), page 29 and Muscle relaxants, page 63 Carisoprodol (Soma®)

**Decision rationale:** According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations of chronic pain. Patient had a chronic injury and any evidence of acute exacerbations of pain was not specified in the records provided. The date of injury for this patient is 11/29/13. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guidelines skeletal muscle relaxants shows no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Carisoprodol 350mg #60 with 2 refills is not established for this patient.

**Omeprazole DR 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the California MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the California MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole DR 20mg #30 with 2 refills is not fully established in this patient.

