

<b>Case Number:</b>	CM14-0164451		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/01/2001
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 records made available for review, this is a 58-year-old female with a 12/1/01 date of injury and status spot cervical fusion x2 (undated). At the time (9/9/14) of request for authorization for Soma 350mg #60, Valium 10mg #30, Prozac 10mg #90, Prevacid 30mg #60, and Prilosec 20mg #30, there is documentation of subjective (chronic neck pain, frequent migraine headaches, bilateral wrist numbness, and depression) and objective (diffuse tenderness over the bilateral trapezii and shoulders extending to the upper arms; mid-back tenderness to palpation diffusely over the thoracic spine from T1-T10 extending to the bilateral scapulae; multiple severe tender trigger points palpable in the rhomboids; restricted cervical motion, and restricted bilateral upper extremity range of motion) findings, current diagnoses (chronic neck pain, history of cervical spine surgery, degenerative cervical disc, cervical facet joint arthropathy, history of vocal cord paralysis, depressive disorder, and pain induced anxiety), and treatment to date (medications (including ongoing treatment with Soma, Prozac, and Valium since at least 6/10/14 with decreased pain levels and increased activities of daily living). Regarding Soma 350mg #60, there is no documentation of acute exacerbation of chronic pain and short-term (less than two weeks) treatment. Regarding Valium 10mg #30, there is no documentation of short-term (less than 4 weeks) treatment. Regarding Prevacid 30mg #60 and Prilosec 20mg #30, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, history of cervical spine surgery, degenerative cervical disc, cervical facet joint arthropathy, history of vocal cord paralysis, depressive disorder, and pain induced anxiety. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with Soma with decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Soma. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Soma since at least 6/10/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #60 is not medically necessary.

**Valium 10mg #30: 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 Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, history of cervical spine surgery, degenerative cervical disc, cervical facet joint arthropathy, history of vocal cord paralysis, depressive disorder, and pain induced anxiety. In addition, given documentation of ongoing treatment with Valium with decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement

as an increase in activity tolerance as a result of use of Valium. However, given documentation of ongoing treatment with Valium since at least 6/10/14, there is no documentation of short-term (less than 4 weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Valium 10mg #30 is not medically necessary.

**Prozac 10mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Prozac

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of major depressive disorder, as criteria necessary to support the medical necessity of Prozac. Within the medical information available for review, there is documentation of a diagnosis of depressive disorder. In addition, given documentation of ongoing treatment with Prozac with decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Prozac. Therefore, based on guidelines and a review of the evidence, the request for Prozac 10mg #90 is medically necessary.

**Prevacid 30mg #60:** 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, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Lansoprazole. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, history of cervical spine surgery, degenerative cervical disc, cervical facet joint

arthropathy, history of vocal cord paralysis, depressive disorder, and pain induced anxiety. However, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. In addition, given documentation of an associated request for Prilosec (omeprazole), there is no documentation of a rationale identifying the medical necessity of concurrent proton pump inhibitor therapy. Therefore, based on guidelines and a review of the evidence, the request for Prevacid 30mg #60 is not medically necessary.

**Prilosec 20mg #30:** 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, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, history of cervical spine surgery, degenerative cervical disc, cervical facet joint arthropathy, history of vocal cord paralysis, depressive disorder, and pain induced anxiety. However, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. In addition, given documentation of an associated request for Prevacid (lansoprazole), there is no documentation of a rationale identifying the medical necessity of concurrent proton pump inhibitor therapy. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #30 is not medically necessary.