

<b>Case Number:</b>	CM14-0166817		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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:

There were 42 pages provided for this review. The application for independent medical review was signed on October 1, 2014. This claimant was injured back in the year 2009. In the process of picking up a customer, the patient injured her neck and lower back. Additional clinical was requested to support the request but without response. There was little clinical history upon which to base the utilization review determinations. There was a permanent and stationary orthopedic evaluation from August 28, 2013. She was a caregiver for her husband. She does all of his physical work and personal hygiene. She injured the neck and the low back. She was lifting her husband after he had fallen out of bed during the night. She felt a sharp pain to the neck and the low back. She would receive physical therapy and several medicines and also topical cream. The patient did not improve. There was ongoing pain and anxiety. She has not worked since she last worked in 2009 and has been on [REDACTED]. Acupuncture was helpful but epidurals were never authorized in spite of requests. She treats the symptoms of her neck with medicine from her primary treating doctor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 325/37.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113.

**Decision rationale:** Tramadol is the most pharmacologically active medicine in this combination. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. Long term use is therefore not supported. The request is not medically necessary.

**Celebrex 200mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NSAIDS with GI issues

**Decision rationale:** The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is: Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary; Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant. The request for the Celebrex is not medically necessary, as criteria for appropriate usage under the evidence-based guides are not met.

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.

**Naproxen 500mg:** 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 Page(s): 67.

**Decision rationale:** The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. The request is not medically necessary.

**Omeprazole 20mg:** 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 Page(s): 68.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

**Soma 350mg:** 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 section, under Soma/Carisoprodol

**Decision rationale:** The MTUS provided insufficient information. The ODG note in the Pain section: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to

2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request is not medically necessary.