

<b>Case Number:</b>	CM14-0022682		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Physical Medicine and Rehabilitation 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:

This 25 year-old patient sustained an injury on 5/10/11 while employed by [REDACTED]. Request under consideration include Soma 350mg #60, Pepcid 40mg #30 with 3 refills, and Norco 10/32mg #180. Diagnoses include lumbosacral disc degeneration. Report of 2/5/14 from the nurse practitioner noted the patient with low back pain rated at 5-7/10 with ongoing nausea and mild dizziness over the past week. The chronic pain fluctuates and interferes with daily activities. Exam of the lumbar spine showed palpable tenderness at midline l5-s1; pain with flexion and slight left antalgic gait; no neurological deficits reported. The request for Soma 350mg #60 and Pepcid 40mg #30 with 3 refills were non-certified and Norco 10/32mg #180 was modified for quantity of #45 on 2/10/14 citing guidelines criteria and lack of medical necessity.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** This 25 year-old patient sustained an injury on 5/10/11 while employed by [REDACTED]. Request under consideration include Soma 350mg #60, Pepcid 40mg #30 with 3 refills, and Norco 10/32mg #180. Diagnoses include lumbosacral disc degeneration. Report of 2/5/14 from the nurse practitioner noted the patient with low back pain rated at 5-7/10 with ongoing nausea and mild dizziness over the past week. The chronic pain fluctuates and interferes with daily activities. Exam of the lumbar spine showed palpable tenderness at midline l5-s1; pain with flexion and slight left antalgic gait; no neurological deficits reported. The request for Soma 350mg #60 and Pepcid 40mg #30 with 3 refills were non-certified and norco 10/32mg #180 was modified for quantity of #45 on 2/10/14 citing guidelines criteria and lack of medical necessity. Per MTUS chronic pain guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2011. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS guidelines do not recommend long-term use of this Soma for this chronic injury. The Soma 350mg #60 is not medically necessary and appropriate.

**NORCO 10/32MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 74-96.

**Decision rationale:** This 25 year-old patient sustained an injury on 5/10/11 while employed by [REDACTED]. Request under consideration include Soma 350mg #60, Pepcid 40mg #30 with 3 refills, and Norco 10/32mg #180. Diagnoses include lumbosacral disc degeneration. Report of 2/5/14 from the nurse practitioner noted the patient with low back pain rated at 5-7/10 with ongoing nausea and mild dizziness over the past week. The chronic pain fluctuates and interferes with daily activities. Exam of the lumbar spine showed palpable tenderness at midline l5-s1; pain with flexion and slight left antalgic gait; no neurological deficits reported. The request for Soma 350mg #60 and Pepcid 40mg #30 with 3 refills were non-certified and Norco 10/32mg #180 was modified for quantity of #45 on 2/10/14 citing guidelines criteria and lack of medical necessity. There is report of at least one incident of aberrant drug behavior when patient took Oxycontin from a friend; however, non-compliance was not addressed nor was there any follow-up uds performed. The patient had modified authorization previous in 1/16/14 with recent tapering of amount authorized on 2/10/14. Per the MTUS guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to

change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had aberrant drug behavior; however, no adjustment was made by the provider. Review indicated recommendation for weaning in January and February 2014. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/32mg #180 is not medically necessary and appropriate.

**PEPCID 40MG #30 WITH 3 REFILLS:** 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 Section on NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69, Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. 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) Page(s): 68-69.

**Decision rationale:** This 25 year-old patient sustained an injury on 5/10/11 while employed by [REDACTED]. Request under consideration include Soma 350mg #60, Pepcid 40mg #30 with 3 refills, and Norco 10/32mg #180. Diagnoses include lumbosacral disc degeneration. Report of 2/5/14 from the nurse practitioner noted the patient with low back pain rated at 5-7/10 with ongoing nausea and mild dizziness over the past week. The chronic pain fluctuates and interferes with daily activities. Exam of the lumbar spine showed palpable tenderness at midline l5-s1; pain with flexion and slight left antalgic gait; no neurological deficits reported. The request for Soma 350mg #60 and Pepcid 40mg #30 with 3 refills were non-certified and Norco 10/32mg #180 was modified for quantity of #45 on 2/10/14 citing guidelines criteria and lack of medical necessity. Pepcid medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS chronic pain treatment guidelines, the patient does not meet criteria for Pepcid namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Pepcid 40mg #30 with 3 refills is not medically necessary and appropriate.