

<b>Case Number:</b>	CM14-0076816		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/29/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Hawaii 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 patient is a 61 year old female employee with date of injury of 3/29/2002. A review of the medical records indicate that the patient is undergoing treatment for Neuritis Lumbrosacral, Lumbar spinal stenosis, left knee ligamentous injury, lumbago, right knee pain, neck pain, cervical and lumbar disc displacement with out myelopathy, and shoulder pain. Subjective complaints include severe low back pain, leg pain, neck pain, left shoulder pain, and nonspecific gastrointestinal complaints (3/28/2014). The records do not indicate specific gastrointestinal issues under review of systems. Pain has improved by taking Morphine CR 15mg and Hydrocodone-APAP 10/325mg every 8 hours. Objective findings include lumbar spine with sensation intact to light touch and pinprick bilaterally to the lower extremities, and normal gastrointestinal examination (3/28/2014). MRI of left shoulder dated 5/3/13 revealed articular tear of the distal posterior aspect of the supraspinatus tendon. EMG/NCS performed on 10/4/2005 revealed ongoing process of denervation, chronic radiculopathy affecting the L4, L5, and S1 nerve roots. Treatment has included left shoulder injections, physical therapy and pool therapy, and multiple epidural steroid injections with 60-70% relief lasting 3-4 months. Medications have included Morphine CR 15mg and Hydrocodone-APAP 10/325mg every 8 hours; Pantoprazole 20mg for GI side effects; morphine sulfate CR 15mg 1/day, Norco 3/day; Soma 350mg 1-4/day for muscle spasms; Lunesta 2mg 1/day, Senokot-s 8.6-50mg 1-2/day, Atnolol 25mg 1/day, amlodipine Besylate 10mg, Hydrochlorothiazide 25mg, Lisinopril 20mg, Simvatatin 20mg (3/28/2014). On 3/28/2014, physician notes mention that "medications continue to work well".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 MG # 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS and ODG continue by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. Medical records do not specify the start time for Soma, but the patient had already been on the medication as of 3/28/2014. If the patient took one to four tablets a day, the quantity would exceed the three week recommended period for Soma. Therefore, the request for Soma 350mg, #100 is in excess of the guidelines and weaning should occur. As such, the request for Soma 350mg #100 for date of service 3/28/2014 is not medically necessary.

**Pantoprazole 20 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anit-inflammatory medications Page(s): 22; 67-68.

**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), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. MTUS states, "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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, "If a PPI is used, omeprazole OTC tablets or lansoprazole 24 HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix,

Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). "The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, and/or an anticoagulant; or high dose/multiple NSAID. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Pantoprazole 20mg #60 for date of service 3/28/2014 is not medically necessary.