

<b>Case Number:</b>	CM14-0081900		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/19/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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:

The patient is a 59-year-old female who has submitted a claim for cervical degenerative disc disease with radiculopathy associated with an industrial injury date of February 19, 2002. Medical records from December 10, 2013 up to April 1, 2014 were reviewed showing a reported VAS score of 4/10. She had full range of motion at the cervical spine with mild discomfort. Her grip was 5/5 with intact sensation. Treatment to date has included Valium 5mg BID, Soma 350mg QID, Celebrex OD, Subutex, Cymbalta, physical therapy, chiropractic treatment. Utilization review from May 27, 2014 denied the request for Celebrex #30, Soma (Carisoprodol) 350mg #120, and Valium (Diazepam) 5mg #60. Regarding Celebrex, there is no indication as to why the patient is unable to utilize an NSAID for breakthrough pain. Regarding Soma, patient utilizes Soma as a muscle relaxant and guidelines do not recommend chronic use of muscle relaxants. Regarding Valium, with a 2002 date of injury, the duration of use far exceeds guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Celebrex is a COX-2 inhibitor. According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. In this case, the patient has been taking Celebrex since at least December 10, 2013. The patient has no history of GI complications or an increased risk for such. There is no indication why the patient is unable to utilize generic NSAIDs for breakthrough pain. In addition, no dosage was specified. Therefore the request for Celebrex #30 is not medically necessary.

**Soma (Carisoprodol 350mg #120): 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 Page(s): 29, 65.

**Decision rationale:** As seen on page 65 of CA-MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. In this case, the patient has been taking Soma since at least December 10, 2013. As clearly stated, this medication is not recommended for long-term use. Therefore the request for Soma (Carisoprodol) 350mg #120 is not medically necessary.

**Valium (Diazepam) 5mg #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 Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the patient has been taking Valium since at least February 4, 2014. As clearly stated, most guidelines limit the use of benzodiazepines to 4 weeks. Therefore, the request for Valium (Diazepam) 5mg #60 is not medically necessary.

