

<b>Case Number:</b>	CM14-0086028		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Emergency 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:

A patient has a reported date of injury on 7/1/2005. Mechanism of injury is described as a lifting incident. Patient has a diagnosis of thoracolumbar sprain/strain with radiculopathy, L4-5 disc bulge with osteoarthritis post L5-S1 decompression in 2007, bilateral shoulder impingement and strain, R elbow bursitis, bilateral knee pain and headaches. Medical records reviewed. Last report available until 4/23/14. A response letter to denial dated 7/8/14 was also reviewed. The patient states has severe 8/10 pain that improves to 5/10 with medications, most of the pain is lower back and legs, claimed that Soma improves back spasms, and Axid was being given due to "stomach upset". Objective exam reveals lumbar spine tenderness with spasms R worst than L side. Positive straight leg raise bilaterally. Limited range of motion(ROM) of spine due to spasms. Decreased sensation along L5-S1 dermatome bilaterally. Letter date 7/8/14 claims that patient's stomach upset/gastritis treatment with Axid is warranted due to patient being on opioids and chronic NSAIDs use. Despite claim that patient is on "chronic NSAID use", there are no NSAIDs listed on any medications patient is currently taking. This claim of chronic NSAID use was also mentioned in another letter to address denial of Axid dated 5/12/14. Letter also claims that Soma is warranted but reasoning behind why it is justified is basically tangential claim using a selective statement from Official Disability Guidelines that Soma may be useful. MRI of lumbar spine (11/16/13) reveals severe L4-5 and L5-S1 degenerative disease with spinal stenosis and disc herniation. Patient is reportedly on Imitrex, Seroquel, Xanax, Fioricet, Oxycontin, Vicodin, Soma, Ativan and Axid. Independent Medical Review is for Axid 150mg #60 and Soma 350mg #90. Prior UR on 5/12/14 recommended that the request is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 capsules of Axid 150mg: 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 and cardiovascular risks Page(s): 68-69.

**Decision rationale:** Axid/Nizatidine is an acid inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, acid inhibitors may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient has claims of "stomach upset" that is unclear if it is dyspepsia or nausea from opioid use. Opioid induced nausea is not treated with acid suppressants. Despite claims that patient is on "chronic NSAID use", there is not a single report listing a single NSAID that patient is on. Pt is not high risk for GI problems. Patient may have gastritis but patient does not meet any indications for use of an acid suppressant coverage as per MTUS Chronic pain and ACOEM Guidelines. Axid is not medically necessary.

**90 Tablets of Soma 350mg: 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:** As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no documented actual objective improvement on this medication. Provider claims that a single selective statement from ODG states that carisoprodol may improve muscle spasms is irrelevant since the entire ODG heading on Soma does not recommend this drug. MTUS Chronic pain guidelines supersede ODG guidelines and MTUS Chronic pain guidelines do not recommend the use of this drug. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.