

<b>Case Number:</b>	CM14-0198605		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 50 year old female with an injury date of 11/14/08. As per progress report dated 10/09/14, the patient complains of persistent flare-ups of pain with muscle spasms in the neck region rated at 8/10. She also has pain in the right ring finger rated at 4/10. The pain is worsened by activities of daily living. Physical examination reveals painful tenderness over the right ring finger A1 pulley with reproducible triggering. Tenderness, myofascial trigger points and spasms were noted on posterior cervical paraspinal and upper trapezius musculature bilaterally. Range of motion of the cervical spine is painful. Physical examination, as per progress report dated 08/25/14, reveals tenderness over the right interscapular space and base of the skull on the right. Pelvic distraction and compression and thigh thrust are positive on the left. The patient is also diabetic, as per the same progress report. The patient underwent anterior cervical discectomy and fusion at C6-7 on 10/02/12; right subacromial decompression and distal clavicle resection on 12/07/04; posterior cervical fusion on 09/19/05; left shoulder arthroscopy, acromioplasty and debridement on 11/18/08; right long trigger finger release on 09/12, as per AME report dated 07/18/13. Medications, as per progress report dated 10/09/14, include Soma, Vicodin, Prilosec and Anaprox. She also relies on home exercises to manage her pain. The patient's work status has been determined as permanent and stationary, as per progress report dated 10/09/14. Diagnoses, 10/09/14:- Status post anterior cervical discectomy and fusion - Impingement syndrome of the right shoulder- Rotator cuff tendinosis of the right shoulder- Possible ulnar neuritis of the right upper extremity- Status post right subacromial decompression and distal clavicle resection- Status posterior cervical fusion- Impingement syndrome of the left shoulder- Status post left shoulder arthroscopy, acromioplasty and debridement- Right middle trigger finger- Status post right long trigger finger release- Right ring trigger finger The treater is requesting (a) Soma 350 mg # 90 (b) Vicodin Es 7.5 mg # 100 (c) Prilosec 20 mg # 30 with three refills (d) Anaprox 550

mg # 60 with three refills. The utilization review determination being challenged is dated 11/06/14. The rationale follows: (a) Soma 350 mg # 90 - Modified to # 20 "for downward titration and complete discontinuation."(b) Vicodin Es 7.5 mg # 100 - "The medical records do not document functional benefit from opioids or a rationale otherwise to continue opioid treatment."(c) Prilosec 20 mg # 30 with three refills - "...evidence of continued NSAID use or specific documentation of gastrointestinal complaints will be required."(d) Anaprox 550 mg # 60 with three refills - Lack of "evidence of objective functional benefit as a result of medication, and the need for continuation."Treatment reports were provided from 07/18/13 - 11/12/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants: Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s):.

**Decision rationale:** The patient presents with persistent flare-ups of pain and muscle spasms in the neck region rated at 8/10 along with pain in the right ring finger rated at 4/10, as per progress report dated 10/21/14. The request is for Soma 350 mg # 90. The patient underwent anterior cervical discectomy and fusion at C6-7 on 10/02/12; right subacromial decompression and distal clavicle resection on 12/07/04; posterior cervical fusion on 09/19/05; left shoulder arthroscopy, acromioplasty and debridement on 11/18/08; right long trigger finger release on 09/12, as per AME report dated 07/18/13. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The first prescription for Soma was noted in progress report dated 10/21/13. In progress report dated 05/13/14, the treater states that Soma was not detected in the drug monitoring report dated 04/21/14 because "The patient has informed me that she takes the Soma only on a sporadic basis, when she cannot sleep at night." However, UDS report dated 10/13/14 reveals consistent Soma use. The treater does not document a change in the pain scale or improvement in function due to Soma use. Additionally, the request for #90 exceeds MTUS recommendation of 2 to 3 week use. This request is not medically necessary.

**Vicodin ES 7.5mg # 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Opioids, specific drug list.

**Decision rationale:** The patient presents with persistent flare-ups of pain and muscle spasms in the neck region rated at 8/10 along with pain in the right ring finger rated at 4/10, as per progress report dated 10/21/14. The request is for Vicodin ES 7.5 mg # 100. The patient underwent anterior cervical discectomy and fusion at C6-7 on 10/02/12; right subacromial decompression and distal clavicle resection on 12/07/04; posterior cervical fusion on 09/19/05; left shoulder arthroscopy, acromioplasty and debridement on 11/18/08; right long trigger finger release on 09/12, as per AME report dated 07/18/13. ODG guidelines, chapter 'Pain (Chronic)' and topic 'Opioids, specific drug list', states that hydrocodone/acetaminophen drugs, such as Vicodin, are "Indicated for moderate to moderately severe pain." MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Vicodin was first noted in progress report dated 10/21/13. Urine drug screen dated 04/21/14 was consistent for Vicodin use, as per progress report dated 05/13/14. Another drug screen dated 10/13/14 also indicated consistent results. The treater, however, does not discuss change in pain scale due to Vicodin use. There is no documentation of improvement in function. The progress reports do not reflect side effects and aberrant behavior that may be associated with opioid use. The reports lack documentation with regards to 4As, including analgesia, ADLs, Adverse reactions, and Aberrant behavior. This request is not medically necessary.

**Prilosec 20 MG # 30 with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with persistent flare-ups of pain and muscle spasms in the neck region rated at 8/10 along with pain in the right ring finger rated at 4/10, as per progress report dated 10/21/14. The request is for Prilosec 20 mg # 30 with three refills. The patient underwent anterior cervical discectomy and fusion at C6-7 on 10/02/12; right subacromial decompression and distal clavicle resection on 12/07/04; posterior cervical fusion on 09/19/05; left shoulder arthroscopy, acromioplasty and debridement on 11/18/08; right long trigger finger release on 09/12, as per AME report dated 07/18/13. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The first prescription for NSAID Anaprox and Prilosec was noted in progress report dated 10/21/13. The initial prescription was for Feldene and Zantac which was changed to Anaprox and Prilosec. The treater, however, does not discuss the need for this medication. The patient is under 65 years of age. There is no documented history of ulcers or

ASA, corticosteroids, and/or an anticoagulant use. Given the lack of adequate documentation in terms of GI risk assessment, this request is not medically necessary.

**Anaprox 550 mg # 60 with three refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Medication for chronic pain Page(s): 22; 60.

**Decision rationale:** The patient presents with persistent flare-ups of pain and muscle spasms in the neck region rated at 8/10 along with pain in the right ring finger rated at 4/10, as per progress report dated 10/21/14. The request is for ANAPROX 550 mg # 60 WITH THREE REFILLS. The patient underwent anterior cervical discectomy and fusion at C6-7 on 10/02/12; right subacromial decompression and distal clavicle resection on 12/07/04; posterior cervical fusion on 09/19/05; left shoulder arthroscopy, acromioplasty and debridement on 11/18/08; right long trigger finger release on 09/12, as per AME report dated 07/18/13. Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The first prescription for NSAID is noted in progress report dated 10/21/13. The initial prescription was for Feldene (another NSAID). It was changed to Anaprox at least since 01/21/14. The treater does not discuss a change in pain scale or an improvement in function with the use of the NSAID. However, given the patient's chronic pain for which oral NSAIDs are indicated, the medication can be taken at the treater's discretion. This request IS medically necessary.