

Case Number:	CM14-0208785		
Date Assigned:	12/22/2014	Date of Injury:	12/19/2007
Decision Date:	02/18/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 49 years old female patient who sustained an injury on 12/19/2007. She sustained the injury due to repetitive work. The current diagnoses include cervical radiculopathy, lumbar radiculopathy and shoulder impingement. Per the doctor's note dated 12/1/2014, she had complaints of neck pain with stiffness and radiation of pain to right upper extremity, low back pain, weight loss, nausea, diarrhea, loss of appetite and depression, stress and anxiety. The physical examination revealed cervical spine- paraspinal spasm and tenderness, restricted range of motion, normal strength, sensation and reflexes in bilateral upper extremities; right shoulder-tenderness, restricted range of motion and positive impingement test; lumbar spine- paraspinal spasm and tenderness, restricted range of motion, normal strength, decreased sensation in feet and normal reflexes in bilateral lower extremities, negative straight leg raising test. The medications list includes carisoprodol, aciphex, lyrica and gabapentin. Patient has not had relief with gabapentin. She has had GI endoscopy on 10/17/14 which revealed gastritis. She has undergone right shoulder surgery in 2012. She has had physical therapy visits and cervical epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 64.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommend Soma for long term use. The need for Soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response of pain with and without muscle relaxant is not specified in the records provided. The medical necessity of Carisoprodol 350mg, #60 with 2 refills is not established in this patient at this time.

Aciphex DR 20mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. Am J Gastroenterol. 2013 Mar;108(3):308-28

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

Decision rationale: Aciphex contains rabeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (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) Per the doctor's note dated 12/1/2014, she had weight loss, nausea, diarrhea and loss of appetite. She has had GI endoscopy on 10/17/14 which revealed gastritis. A proton pump inhibitor is medically appropriate and necessary in this patient. The request of Aciphex DR 20mg, #60 is medically appropriate and necessary for this patient.

Lyrica 150mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Pregabalin (Lyrica, no generic available) Page(s): 16, 19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, antiepilepsy drugs are "recommended for neuropathic pain (pain due to nerve damage. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both."As mentioned above the patient had neck pain with radiation to right upper extremity with diagnoses of lumbar and cervical radiculopathy. Lyrica is medically appropriate and necessary for this patient. Patient has tried gabapentin without relief.The request of Lyrica 150mg, #90 is medically necessary and appropriate for this patient.

Gabapentin 300mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-.

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007)Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study"The patient had chronic neck and low back pain with radicular symptoms.Per the records provided patient has not had relief with gabapentin.The pt has been prescribed another anticonvulsant Lyrica, which has been deemed medically appropriate and necessary , as above.The rationale for an additional anticonvulsant for neuropathic pain is not specified in the records provided.The medical necessity of Gabapentin 300mg #90 is not established in this patient at this time.