

<b>Case Number:</b>	CM15-0103873		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	12/01/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 54 year old female, who sustained an industrial injury on 12/01/2004. She reported moving out of the way to avoid being bitten by a student and injuring herself. The injured worker was diagnosed as having neck pain, cervical facet syndrome, thoracic pain, cervical strain, and spasm of muscle. Treatment to date has included diagnostics, cervical facet nerve blocks, cervical medial branch radiofrequency neurotomy, cervical facet joint injection, cervical epidural steroid injection, physical therapy, and medications. Currently (4/28/2015), the injured worker complains of neck pain, rated 2/10 with medications and 9/10 without. Pain level was unchanged since last visit. Her sleep quality was poor. She reported restarting physical therapy, increasing her range of motion and mobility. She stated that medications were working well and denied side effects. A review of symptoms was positive for anxiety and depression, and negative for gastrointestinal complaints. Current medications included Prilosec, Celebrex, Duragesic, Lidoderm patch, Neurontin, Norco, Soma, Aspirin, Diltiazem, Lipitor, Nitroglycerin tabs, and Acyclovir. Exam of the cervical spine noted tenderness, loss of lordosis, restricted range of motion, and spasm and tenderness to the bilateral paravertebral muscles. Spurling's maneuver caused pain in both shoulders. Motor and sensory exams were normal. The treatment plan included continued medications. Her work status was permanent and stationary and she was not working. The use of Prilosec, Soma, and Lidoderm was noted since at least 12/2014, with no significant changes in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 40 mg Qty 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) NSAIDs, GI symptoms & cardiovascular risk, 68 (2) NSAIDs, specific drug list & adverse effects Page(s): 68, 70.

**Decision rationale:** The claimant sustained a work injury in December 2004 and continues to be treated for neck pain. When seen, review of systems was negative for gastrointestinal problems. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was neck and shoulder pain with Spurling's testing. She had trapezius muscle tenderness. There was decreased shoulder range of motion with generalized tenderness. Medications being prescribed included Celebrex. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. In this case, the claimant is currently taking Celebrex at the maximum recommended dose and there is reference to gastrointestinal symptoms associated with chronic NSAID use. Guidelines recommend either a non-selective non-steroidal anti-inflammatory medication with either a proton pump inhibitor or misoprostol or a cox-2 selective agent such as Celebrex which is already being prescribed. Therefore, also prescribing Prilosec is not medically necessary.

**Soma 350 mg Qty 120, 4 times daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p 29 Page(s): 29.

**Decision rationale:** The claimant sustained a work injury in December 2004 and continues to be treated for neck pain. When seen, review of systems was negative for gastrointestinal problems. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was neck and shoulder pain with Spurling's testing. She had trapezius muscle tenderness. There was decreased shoulder range of motion with generalized tenderness. Medications being prescribed included Celebrex. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.

**Lidoderm patches 5%, 2 patches daily, Qty 60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). P 56-57 (2) Topical Analgesics Page(s): 56-67, 111-113.

**Decision rationale:** The claimant sustained a work injury in December 2004 and continues to be treated for neck pain. When seen, review of systems was negative for gastrointestinal problems. Physical examination findings included decreased cervical spine range of motion with tenderness and muscle spasms. There was neck and shoulder pain with Spurling's testing. She had trapezius muscle tenderness. There was decreased shoulder range of motion with generalized tenderness. Medications being prescribed included Celebrex. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Therefore, Lidoderm was not medically necessary.