

<b>Case Number:</b>	CM15-0134182		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/05/2002
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey  
 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:

The injured worker is a 56-year-old female who sustained an industrial injury on 04/05/02. She reported neck and back pain status post fall. Initial diagnoses included neck sprain, and back sprain. Diagnostic testing and treatment to date has included MRI, EMG/NCS, urinalysis toxicology screen, cervical spine fusion, steroid injection, lumbar surgery, physical therapy, and symptomatic medication management. In progress notes dated 04/16/15 and 06/09/15, the injured worker complains of neck, upper back, and lower back pain with pain rated as a 7 on a scale of 10. Physical examination is remarkable for diminished sensation to the lumbar spine, left lateral shoulder, left thumb tip, left long tip, and left small tip. The treating physician reports urinalysis was positive for opiates. Diagnoses include status post cervical spine fusion/surgery, cervical spine disc rupture with radiculopathy, thoracic spine strain, and status post lumbar spine fusion surgery. Requested treatments include Soma 350 mg x3 refills, and Nexium 40 mg x3 refills. The injured worker is under temporary total disability. Date of Utilization Review: 07/06/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg with 3 refills, QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66, and Carisoprodol, p. 29.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was record of having used Soma leading up to this request for an additional 120 pills, which implies an intention to use it chronically, which is not recommended for this drug class. Also, there was no clear evidence suggesting this worker warranted even a short course due to muscle spasm, and there was no report found stating how effective Soma was on her symptoms and function. Therefore, it appears inappropriate to continue Soma long term when considering these factors and this request will be considered as medically unnecessary. Weaning may be needed.

**Nexium 40mg with 3 refills, QTY: 240.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nexium (Esomeprazole). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, no record was found suggesting this worker was using an NSAID and there was no mention of any history suggestive of an increased risk for gastrointestinal events to warrant using Nexium on a chronic basis as was implied as the request was for #240 pills. This drug type is not benign and comes with side effects, and therefore, based on the above factors, Nexium will be considered medically unnecessary at this time.