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| Case Number: | CM15-0141327 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 06/19/2001 |
| Decision Date: | 09/24/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 6-19-01. He has reported initial complaints of a neck and back injury. The diagnoses have included cervicgia, cervical degeneration, failed neck syndrome, pain in shoulder joint, lumbar strain and sprain and other disc disease of the lumbar region. Treatment to date has included medications, activity modifications, diagnostics, neurosurgeon, surgery, spinal cord stimulator and other modalities. Currently, as per the physician progress note dated 4-16-15, the injured worker complains of neck pain that has remained unchanged since the last visit. The current medications included Neurontin, Ambien, OxyContin, Xanax, Prilosec, Sentra, Norco, Soma, Valium and Lidoderm patch. There is no previous urine drug screen report noted in the records. The objective findings-physical exam reveals that the surgical wound area of the neck is clean and dry. There is pain with palpation to the cervical spine. The cervical range of motion with flexion is 80 percent, extension is 70 percent and rotation is 70 percent. There is give away weakness to the left upper extremity. The physician notes that the injured worker needs his spinal cord stimulator fixed and until this happens he needs his medications. He continues to have pain in his neck and cannot function without his medications. He requires a cane for ambulation and is bedbound without medications. The physician requested treatments included Prilosec 20mg, #30, Xanax 0.5mg, #60 and Soma 350mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Proton pump inhibitors (PPIs).

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

Decision rationale: The current request is for Prilosec 20mg, #30. The RFA is dated 04/17/15. Treatment to date has included medications, activity modifications, diagnostics, neurosurgeon, surgery, spinal cord stimulator and other modalities. The patient is not working. MTUS pg. 69, NSAIDs, GI symptoms & cardiovascular risk Section 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." Per report 4-16-15, the patient complains of neck pain. The objective findings-physical exam reveals that the surgical wound area of the neck is clean and dry. There is pain with palpation to the cervical spine. The cervical range of motion with flexion is 80 percent, extension is 70 percent and rotation is 70 percent. The current medications included Neurontin, Ambien, OxyContin, Xanax, Prilosec, Sentra, Norco, Soma, Valium and Lidoderm patch. The patient reports meds are helping with pain. Specifically regarding Prilosec, the treater states "Prilosec helps with his stomach and he needs them." Prophylactic use of PPI is indicated by MTUS, and the patient has been using an NSAID. However, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. The treater simple states it is for the patient's stomach. Given lack of documentation, this request IS NOT medically necessary.

Xanax 0.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Benzodiazepine.

Decision rationale: The current request is for Xanax 0.5mg, #60. The RFA is dated 04/17/15. Treatment to date has included medications, activity modifications, diagnostics, neurosurgeon, surgery, spinal cord stimulator and other modalities. The patient is not working. ODG guidelines, Pain Chapter, under Benzodiazepine has the following regarding insomnia

treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. MTUS Guidelines under Benzodiazepines on page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per report 4-16-15, the patient complains of neck pain. The objective findings-physical exam reveals that the surgical wound area of the neck is clean and dry. There is pain with palpation to the cervical spine. The cervical range of motion with flexion is 80 percent, extension is 70 percent and rotation is 70 percent. The current medications included Neurontin, Ambien, OxyContin, Xanax, Prilosec, Sentra, Norco, Soma, Valium and Lidoderm patch. The patient reports meds are helping with pain. In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with anxiety secondary to chronic pain, the requested 60 tablet prescription does not imply short duration therapy. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy and is not supported by guidelines. Therefore, the request IS NOT medically necessary.

Soma 350mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The current request is for Soma 350mg, #120. The RFA is dated 04/17/15. Treatment to date has included medications, activity modifications, diagnostics, neurosurgeon, surgery, spinal cord stimulator and other modalities. The patient is not working. MTUS Chronic Pain Guidelines under MUSCLE RELAXANTS (for pain) pages 63-66 states recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." 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." Abuse has been noted for sedative and relaxant effects. Per report 4-16-15, the patient complains of neck pain. The objective findings-physical exam reveals that the surgical wound area of the neck is clean and dry. There is pain with palpation to the cervical spine. The cervical range of motion with flexion is 80 percent, extension is 70 percent and rotation is 70 percent. The current medications

included Neurontin, Ambien, OxyContin, Xanax, Prilosec, Sentra, Norco, Soma, Valium and Lidoderm patch. The patient reports meds are helping with pain. In regard to the request for a continuing prescription of Soma for this patient's pain and spasms, the duration of therapy exceeds guidelines. The requested 120 tablet prescription does not imply short duration therapy. MTUS Guidelines supports the use of these types of muscle relaxants for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.