

<b>Case Number:</b>	CM15-0189182		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 66 year old female, who sustained an industrial injury on 02-16-2009. She has reported subsequent neck, low back, bilateral lower extremity and bilateral upper extremity pain and was diagnosed with cervical and lumbar radiculopathy and post-laminectomy pain syndrome. Work status was documented as temporarily totally disabled. Treatment to date has included non-steroidal anti-inflammatory drugs (NSAID's), rest, physical therapy, aquatic physical therapy, anti-epileptic drugs, muscle relaxants and surgery which were noted to have failed to significantly relieve the pain. Omeprazole and Carisprodol were prescribed since at least 06-04-2015. Omeprazole was noted as being prescribed for gastritis and gastroesophageal reflux disease (GERD) from chronic pain medication usage and Carisoprodol was noted as being prescribed as needed for spasms to improve myofascial pain symptoms. The most recent progress notes do not contain abnormal subjective or objective gastrointestinal examination findings. In a progress note dated 08-11-2015, the injured worker reported pain in the neck radiating to the bilateral shoulders and low back radiating to the bilateral legs that was rated as 10 out of 10 without medications and 5 out of 10 with medications. Medications were noted to provide 50% pain relief with no side effects and that with pain medications she was able to walk, completed self-care and make small meals while taking breaks. Objective examination findings revealed decreased right upper and lower extremity strength, positive Spurling's on the right, decreased cervical range of motion due to pain, positive straight leg raise on the right at 30-45 degrees in the L5-S1 distribution, positive straight leg raise on the left at 45-60 degrees in the L5-S1 distribution, severe palpable spasms in the bilateral lumbar paraspinal musculature with

positive twitch response right greater than left. A request for authorization of Omeprazole 20 mg #30 and Soma 350 mg #60 was submitted. As per the 08-18-2015 utilization review, the request for Soma was modified to certification of 30 tablets and the request for Omeprazole was non-certified.

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

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

#### **Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation, Online Edition, 2015, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 8/4/15 progress report provided by the treating physician, this patient presents with constant, sharp, shooting low back pain radiating to bilateral legs with numbness/tingling/burning, and neck pain radiating to bilateral shoulders, with pain rated 5-6/10 with medications and 10/10 without medications. The treater has asked for OMEPRAZOLE 20MG #30 on 8/4/15. The request for authorization was not included in provided reports. The patient's current medications include Carisoprodol, Gabapentin, Norco, Prilosec per 8/4/15 report. The patient is s/p rest, NSAIDs, physical therapy, aquatic therapy, AEDs and muscle relaxants, and a lumbar laminectomy in 2013 with suboptimal pain relief due to post-laminectomy pain syndrome per 6/15/15 report. The patient has had epidural steroid injections in the past with minimal relief per 8/4/15 report. The patient's work status is temporarily totally disabled as of 5/22/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID....NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. Prilosec has been prescribed since report dated 6/15/15. Per progress report dated 8/4/15, the patient's current medication regimen which includes Prilosec provides 50% pain relief. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. However, although the treater indicates the medication is used for "GERD from chronic pain medication usage," review of reports do not show a diagnosis of gastritis. In addition, the patient is not currently taking an NSAID per 8/4/15 report. Therefore, the request IS NOT medically necessary.

#### **Soma 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

**Decision rationale:** Based on the 8/4/15 progress report provided by the treating physician, this patient presents with constant, sharp, shooting low back pain radiating to bilateral legs with numbness/tingling/burning, and neck pain radiating to bilateral shoulders, with pain rated 5-6/10 with medications and 10/10 without medications. The treater has asked for SOMA 350MG #60 on 8/4/15. The request for authorization was not included in provided reports. The patient's current medications include Carisoprodol, Gabapentin, Norco, Prilosec per 8/4/15 report. The patient is s/p rest, NSAIDs, physical therapy, aquatic therapy, AED's and muscle relaxants, and a lumbar laminectomy in 2013 with suboptimal pain relief due to post-laminectomy pain syndrome per 6/15/15 report. The patient has had epidural steroid injections in the past with minimal relief per 8/4/15 report. The patient's work status is temporarily totally disabled as of 5/22/15 report. MTUS, Muscle Relaxants Section, 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. Treater does not specifically discuss this medication. Patient has been prescribed Soma since at least 6/15/15 and in the requesting 8/4/15 report. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In conjunction with prior usage, the request for additional Soma #60 would exceed what is recommended by MTUS as it does not imply short-term use of this medication. Therefore, the request IS NOT medically necessary.