

<b>Case Number:</b>	CM15-0034980		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/19/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 49-year-old [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 19, 2007. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve requests for carisoprodol, AcipHex, Neurontin, and tramadol, the latter of which was apparently partially approved for tapering or weaning purposes. The claims administrator referenced an RFA form received on February 10, 2015 in its determination, along with an associated progress note of February 9, 2015. The applicant's attorney subsequently appealed. In an RFA form dated February 9, 2015, the applicant was given refills of carisoprodol, AcipHex, Neurontin, and tramadol. The applicant was placed off of work, on total temporary disability, via an associated work status report of the same date. The applicant was asked to remain off of work for an additional six weeks. The attending provider stated that the applicant was having significant multifocal musculoskeletal issues and unspecified gastrointestinal issues. In an associated progress note of the same date, February 9, 2015, the applicant was again described as having continued gastric symptoms. Neck pain, back pain, and bilateral leg pain were noted, with associated complaints of sleep disturbance. Soma, AcipHex, Neurontin, and tramadol were all endorsed while the applicant was placed off of work. Little to no discussion of medication efficacy transpired. Multiple consultations were endorsed, including consultation with an orthopedic spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crisoprodol 350mg #60 (w/2 refills): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 65; 29.

**Decision rationale:** No, the request for carisoprodol was not medically necessary, medically appropriate, or indicated here. As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol is not recommended for longer than a two- to three-week period. Here, the 60-tablet, two-refill supply of carisoprodol at issue, in and of itself, represents treatment in excess of the two- to three-week cap on carisoprodol suggested on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against usage of carisoprodol in conjunction with opioid agents. Here, the applicant was/is concurrently using an opioid agent, tramadol. Continued usage of carisoprodol was, thus, not indicated, for all of the stated reasons. Therefore, the request was not medically necessary.

**Aciphex DR 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for AcipHex, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as AcipHex are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no clear mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any recent progress note. While the attending provider continued to state that the applicant had various unspecified GI symptoms, these were not elaborated or expounded upon. There was no explicit mention of the applicant's having issues with reflux for which introduction and/or ongoing usage of AcipHex would have been indicated. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular conditions for which it is being prescribed into his choice of recommendations. Here, the attending provider never explicitly stated that ongoing usage of AcipHex had or had not proven beneficial. Rather, the attending provider continued to suggest that the applicant was having unspecified GI symptoms, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Gabapentin 300mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

**Decision rationale:** Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of gabapentin. The attending provider has failed to outline any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing gabapentin usage (if any). Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

**Tramadol HCL 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing tramadol usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of the same, it is further noted. Therefore, the request was not medically necessary.