

<b>Case Number:</b>	CM14-0119258		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42 year old female who sustained a work related injury on 10/15/2010. The mechanism of injury is not documented. Diagnoses are low back pain, neuritis/radiculitis upper extremities/cervical, carpal tunnel syndrome, status post cervical spine disc replacement on 06/12/12. The injured worker is status post L4-5 disc replacement and L5-S1 anterior interbody lumbar fusion on 12/18/12. The injured worker is status post left carpal tunnel release on 03/18/14. The most recent documentation submitted for review is dated 08/11/14. The injured worker presents with migraine headaches, anxiety and restlessness, continued increased pain with 3-9/10 stiffness and soreness in the lower back. Neck surgery has been followed by improvement with no neck pain. Physical examination notes a 42 year old female who is 5'4" and weighs 180 pounds. She is oriented to time, place and person. Deep tendon reflexes in the upper extremities are 2+ bilaterally. There is normal sensation in the hands. There is a healed 6 mm transverse surgical volar scar to the left wrist. Hands and fingers are no longer puffy. Bilateral shoulder examination notes positive impingement signs with decreased range of motion by approximately 10% diffuse. Back exam notes able to toe and heel walk. There is a healed midline vertical abdominal front scar as recent surgery site. Abdominal muscles are still weak compared to psoas muscles. Excess lumbar lordosis remains. Lower back shows 2+ paravertebral muscle spasm with negative bilateral straight leg raising. There is paresthesia to the right first toe webspace. EHL strength is within normal limits. The left leg appears to be longer than the right leg and there is some vaulting on the left. Knee jerks and ankle jerks are 1+ bilaterally. Initial impression, frequent recurrent severe low back pain. Satisfactory postop left arm carpal tunnel release. Status post successful disc replacement C5-6. Post op surgery for 5 mm herniated lumbar disc at L5-S1. Status post-surgical intervention on 12/18/12 artificial disc at L4-5. Resolving cephalgia secondary to cervical myelopathy. Prior utilization review on

06/30/14 partial certification for the Soma, non-certification for the Voltaren cream, Glucosamine Sulfate and Betaine with Pepsin.

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

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

**Soma 350 mg, QTY: 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Pain Procedure Summary, last updated 05/15/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol Page(s): 65.

**Decision rationale:** As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the patient is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Voltaren cream, QTY: 10 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Pain Procedure Summary, last updated 05/15/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Voltaren cream, QTY: 10 tubes is not medically necessary. Where Voltaren Gel is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID), or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. There has been no clinical evidence submitted that supports the claim that the injured worker has had a failure of an oral NSAID, or contraindications to oral NSAIDs, or cannot swallow solid oral dosage forms.. As such medical necessity has not been established.

**Glucosamine Sulfate 500, QTY: 500:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** As noted on page 50 of the Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The documentation does not indicate the patient has a history of osteoarthritis of the knee necessitating the use of glucosamine. As such, the request for 90 capsules of Genicin cannot be recommended as medically necessary.

**Betaine with Pepsin, QTY: 100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Web MD (<http://www.webmd.com/vitamins-supplements/ingredientmono-312-betaine+hydrochloride.aspx?>)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (2013) In Physicians' desk reference 67th ed.

**Decision rationale:** Betaine is a source of hydrochloric acid, or stomach acid. Betaine HCl supplements are typically used to increase levels of hydrochloric acid in the stomach. This formula also contains pepsin, a digestive enzyme that assists with the digestion of protein. There is no clinical evidence submitted for review that supports the claim that the injured worker needs this supplement. Therefore medical necessity has not been established.