

<b>Case Number:</b>	CM14-0208774		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/19/2007
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Family Practice, 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:

50 yr .old female claimant sustained a work injury on 12/19/07 involving the neck and low back. She was diagnosed with cervical and lumbar radiculopathy. A progress note on 9/9/14 indicated the claimant had previously undergone epidural steroid injections, and physical therapy. She had been taking Soma, Naproxen, Darvocer, Motrin and Vicodin for pain. She developed heartburn due to the medications. Her pain was 10/10 in the low back. Her gait had a limp. There was abdominal pain, gas and bloating . Her neck had 8-9/10 pain with numbness in the lips. She was taking Gabapentin, Omeprazole, Zolpidem and Norco for pain. A progress note on 10/7/14 indicated the claimant had paraspinal neck spasms, reduced sensation in the feet and restricted range of motion. There was a positive straight leg raise test as well. The claimant was treated with Carsiprodolol, Aciphex and Lyrica. A progress note on 11/3/14 indicated the claimant had similar symptoms and exam findings and was continued on Carsiprodolol with 2 months of refills and Aciphex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carisoprodol 350mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350, Vanadom); Muscle Relaxants (for.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

**Decision rationale:** According to the MTUS guidelines, Carsiprodolol is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with hydrocodone which increases side effect risks and abuse potential. The use of Carsiprodolol is not medically necessary.

**Aciphex DR 20mg #60:** 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), Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Aciphex is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Aciphex is not medically necessary.

**Lyrica 150mg caps #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. She had previously taken a Gabapentin to address similar neuropathic symptoms. There is no indication of superiority or improved response to medications. There is no indication for continued use and the Lyrica is not medically necessary.

**Gabapentin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Anti-Epilepsy Drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment response was not noted to be beneficial. In fact, the claimant was subsequently changed to Lyrica. Gabapentin ]was not medically necessary.