

<b>Case Number:</b>	CM14-0213341		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/30/2004
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: 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:

This is a 51-year-old female with a 9/30/04 date of injury, due to cumulative trauma. The patient underwent right shoulder surgeries in April 2005 and 10/20/06, cervical disc replacement at C3-C4 on 5/17/11, and right carpal tunnel release on 3/23/12. The patient underwent CESI on 9/9/14 without benefit. The patient was seen on 11/12/14 with complaints of neck pain radiating down to both arms, and right shoulder pain. The patient stated that her activity level and her pain remained unchanged since last visit and rated her pain 6/10 with medications and 8/10 without medications. The patient stated that Exalgo helped minimally and made her nauseous. Exam findings of the cervical spine revealed restricted range of motion and spasm, tenderness to palpation, and trigger points of the paravertebral muscle. The examination of the right shoulder revealed surgical scar, movements restricted by pain, and positive Hawkins test, Shoulder crossover test, and Empty Cans test. The motor strength was 5/5 in bilateral upper extremities' and the sensory to light touch was normal. The patient has been noted to be on Soma 350 mg, Exalgo ER 16 mg, Norco 10/325, and other medications. The diagnosis is shoulder pain, cervical disc degeneration, and cervical radiculopathy. Treatment to date: right shoulder surgeries, cervical disc replacement at C3-C4, right carpal tunnel release, CESI, work restrictions, and medications. An adverse determination was received on 12/01/14 given that the Guidelines did not recommend the use of anti-emetic medications for the treatment of opioid induced nausea; for a lack of functional benefits and for a lack of medical rationale supporting long-term use of muscle relaxants.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Compazine 10mg tablet, #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), Integrated Treatment / Disability Duration Guidelines, Pain (Chronic), Antiemetics (for opioid nausea)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea). Other Medical Treatment Guideline or Medical Evidence: FDA Compazine.

**Decision rationale:** CA MTUS does not address this issue. Compazine (prochlorperazine) is effective for the short-term treatment of generalized non-psychotic anxiety. The FDA also states that it is indicated for the prevention of severe nausea and vomiting and in the treatment of schizophrenia. In addition, the ODG states that antiemetics (for opioid nausea) are not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated. The patient was prescribed Compazine for opioid induced nausea. However, there is no rationale indicating why this specific medication was requested. In addition, the Guidelines do not support use of antiemetic for nausea secondary to chronic opioid use and there is a lack of documentation to support this request. Therefore, the request for Compazine 10mg tablet, #30 was not medically necessary.

### **Exalgo ER 16mg tablet #90: 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), Integrated Treatment / Disability Duration Guidelines, Pain (Chronic), Exalgo (hydromorphone)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was prescribed Exalgo for trial use on 10/15/14. During the encounter dated 11/12/14 the patient stated that Exalgo helped her minimally and made her nauseous. In addition, the patient stated that her activity level and her pain remained unchanged

since last visit and rated her pain 6/10 with medications and 8/10 without medications. However, it is not clear why the patient should continue Exalgo despite the lack of functional benefits and presence of side effects. Additionally, the patient has been noted to be on Norco 10/325 #120 and there is a lack of documentation indicating that the patient needed to utilize extended release opioid. Therefore, the request for Exalgo ER 16mg tablet #90 was not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain): Carisoprodol (Soma) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

**Decision rationale:** CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The patient has been noted to utilize Soma at least from 6/30/14, however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the patient was utilizing opioids and the Guidelines indicated that Soma could alter or augment the effects of opioids. Lastly, there is no rationale with regards to necessity for an extended use of muscle relaxant, given that the Guidelines did not support long-term use of Soma. Therefore, the request for Soma 350mg tab #60 was not medically necessary.