

<b>Case Number:</b>	CM15-0125958		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/29/2008
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Arizona, Michigan

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 injured worker is a 51 year old male, who sustained an industrial injury on 06/29/2008. Current work status is unemployed. The injured worker is currently diagnosed as having degeneration of cervical intervertebral disc, shoulder pain, depression, anxiety, and GERD (gastroesophageal reflux disease). Treatment and diagnostics to date has included previous anterior cervical discectomy and fusion surgery, cervical spine MRI which showed postoperative changes, very mild spondylosis, and mild to moderate neural foraminal stenosis, left shoulder steroid injection, physical therapy, and medications. In a progress note dated 05/14/2015, the injured worker presented with complaints of chronic neck and left shoulder pain and worsening anxiety and depression recently. Pain was rated 7/10 recently and taking Norco with some relief. Objective findings include slower speech than usual and the injured worker stated he had just woke up and took his Xanax, lumbar tenderness with decreased range of motion, and limited left shoulder range of motion. The treating physician reported requesting authorization for retrospective Soma, Norco, Xanax, and Dexilant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Soma 350mg DOS 05/14/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63-66.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, Soma (Carisoprodol) is "not recommended. This medication is not indicated for long-term use" stating concerns regarding abuse and withdrawal symptoms. In addition, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAID's (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAID's". The reviewed medical records show that the injured worker has a history of chronic neck and left shoulder pain and has been prescribed Soma (Carisoprodol) twice daily as needed since 11/25/2014. The treating physician states the Soma is being prescribed for chronic neck pain but there are no indications of muscle spasms. Therefore, based on the Guidelines and the submitted records, the request for Soma (Carisoprodol) is not medically necessary.

**Retrospective: Xanax 1mg DOS 05/14/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to California MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit use to 4 weeks". This injured worker has been on a benzodiazepine since at least 11/21/2014 which is much longer than the recommended 4 weeks as suggested by MTUS. Therefore, based on the Guidelines and the submitted records, the request for Xanax is not medically necessary.

**Retrospective: Norco 7.5/325mg DOS 05/14/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since

last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.

**Retrospective: Dexilant 60mg DOS 05/14/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Dexilant is a proton pump inhibitor. According to California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are to be used with non-steroidal anti-inflammatory drugs (NSAIDs) for those with high risk of GI (gastrointestinal) events such as being over the age of 65, "history of a peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or anticoagulant, or high dose/multiple NSAID" use. The injured worker does have a diagnosis of gastroesophageal reflux disease (GERD), but is less than 65 years of age, there are no noted non-steroidal anti-inflammatory drugs (NSAIDs) prescribed, and there are no identifiable risk factors for gastrointestinal disease to warrant proton pump inhibitor treatment based on the MTUS Guidelines. Therefore, the request for Dexilant is not medically necessary.