

<b>Case Number:</b>	CM15-0177727		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 69 year old male, who sustained an industrial injury on April 8, 2004. A review of the medical records indicates that the injured worker is undergoing treatment for rupture of the long head of the biceps tendon, carpal tunnel syndrome and cubital tunnel syndrome bilaterally, neuropathy of the upper trunk of the right brachial plexus, right rotator cuff syndrome with suprascapular neuropathy, and cervical spine disc syndrome with sprain-strain disorder and radiculopathy. On July 21, 2015, the injured worker reported neck, right arm, and right shoulder sharp stabbing pain, stiffness, weakness, numbness, paresthesia, instability, and generalized discomfort. The Treating Physician's report dated July 21, 2015, noted the injured worker had a good but partial response to medication. The objective findings were noted to include reduced range of motion (ROM) of the cervical spine and right shoulder in all planes with a positive drop arm test, reduced sensation and strength in the distribution of the upper trunk of the right brachial plexus and also in the distribution of the median nerves bilaterally at the wrists and the ulnar nerves bilaterally, reduced and ruptured portion of the biceps muscle in the long tendon area, and Positive Tinel's and Phalen's signs at the wrists bilaterally with a positive Tinel's sign at the elbows bilaterally. The injured worker was noted to have reduced sensation and strength in the distribution of the bilateral C7 spinal nerve roots with absent bilateral triceps deep tendon reflexes and reduced strength in the distribution of the bilateral suprascapular nerves. The injured worker was noted to have a permanent and stationary work status. The treatment plan was noted to include Ultracet, noted to have been prescribed Tramadol since at least January 20, 2015, and Soma, noted to have been prescribed since at least

March 11, 2009, and Prilosec noted to have been prescribed since at least November 18, 2014. The request for authorization dated July 21, 2015, requested Omeprazole 20mg daily #30, Carisoprodol 350mg four times a day as needed #120, and Ultracet 37.5-325mg three times a day as needed #120. Prilosec is being prescribed to guard the stomach from the effects of other medications. The Utilization Review (UR) dated August 6, 2015, modified the request for Carisoprodol 350mg four times a day as needed #120 to approve #60 with the remaining #60 denied, and denied the requests for Omeprazole 20mg daily #30 and Ultracet 37.5-325mg three times a day as needed #120.

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

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

**Omeprazole 20mg daily #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton pump inhibitors PPIs.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, omeprazole is being prescribed to guard the stomach from the effects of other medications. The medical records do not establish that the patient is being prescribed nonsteroidal anti-inflammatory medications. In addition, the request for proton pump inhibitors for prophylactic purposes is not supported. Moreover, per the MTUS guidelines, the long-term use of proton pump inhibitors leads to an increased risk of hip fractures. ODG addresses risks for proton pump inhibitors and notes the following: "Decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). Patients with gastroesophageal reflux disease on PPIs had a 1.16 greater risk of MI, and a 2.00 risk for cardiovascular mortality. PPI usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study PPI use was associated with a 1.58-fold greater risk of MI, and in the case-crossover study, adjusted odds ratios of PPI for MI risk were 4.61 for the 7-day window and 3.47 for the 14-day window. However, the benefits of PPIs may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014) Outpatient PPI use is associated with a 1.5-fold increased risk of community-acquired pneumonia, with the highest risk within the first 30 days after initiation of therapy. (Lambert, 2015) The updated Beers Criteria, which help prevent adverse drug events in older adults, added a recommendation to avoid the use of PPIs for more than 8 weeks, except for long-term NSAID users and patients

with erosive esophagitis, Barrett's esophagitis, pathologic hypersecretory condition, or a demonstrated need for maintenance therapy. There are many studies demonstrating, in elderly patients, an increased risk for Clostridium difficile infection and bone loss and fractures with the long-term use of PPIs. (AGS, 2015)". The request for Omeprazole 20mg daily #30 is not medically necessary and appropriate.

**Carisoprodol 350mg four times a day as needed #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Carisoprodol (Soma).

**Decision rationale:** According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and in regular abusers the main concern is the accumulation of meprobamate. In addition, the long term use of muscle relaxants is not supported per the MTUS guidelines. The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. In addition, the injured worker is 69 years old, and as noted in ODG, the AGS updated Beers criteria for inappropriate medication use includes carisoprodol. This is a list of potentially inappropriate medications for older adults. (AGS, 2012). In this case, the injured worker has been prescribed Soma for an extended period of time, and modification has been rendered on Utilization Review to allow for weaning. The request for Carisoprodol 350mg four times a day as needed #120 is not medically necessary and appropriate.

**Ultracet 37.5-325mg three times a day as needed #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines do not support opioids for non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. The request for Ultracet 37.5-325mg three times a day as needed #120 is not medically necessary and appropriate.