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| <b>Case Number:</b>   | CM15-0071577 |                              |            |
| <b>Date Assigned:</b> | 04/21/2015   | <b>Date of Injury:</b>       | 02/16/2012 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 04/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/15/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38-year-old female, with a reported date of injury of 02/18/2012. The diagnoses include cervical degenerative disc disease, lumbar degenerative disc disease, displacement of the lumbar intervertebral disc without myelopathy, lumbar facet joint pain, cervical facet joint pain, and gastroesophageal reflux disease. Treatments to date have included acupuncture, Norco, Tramadol, Soma, Nexium, and trigger point injection to the lumbar spine. The medical report dated 03/24/2015 indicates that the injured worker complained of cervical spine and lumbar spine pain. Without medications, the injured worker rated her pain 8 out of 10, and with medications 6 out of 10. It was noted that the medications continue to be beneficial. The physical examination showed restricted cervical rotation and flexion with pain, tightness and tenderness to palpation of the cervical spine, negative straight leg raise test, and restricted lumbar range of motion with pain. The treating physician requested Soma 350mg #45, Promethazine 25mg #50, and Nexium 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65. Decision based on Non-MTUS Citation FDA Carisoprodol, <https://www.medicaid.state.ar.us/Download/provider/pharm/CarisoTaper.pdf>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Carisoprodol (Soma); ½).

**Decision rationale:** Soma 350mg #45 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long-term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma 350mg is not medically necessary.

**Promethazine 25mg #50:** 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), Pain Chapter, Anti-emetics 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- Antiemetics (for opioid nausea).

**Decision rationale:** Promethazine 25mg #50 is not medically necessary per the ODG Guidelines. The MTUS does not address Promethazine. The ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. Promethazine is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus). The documentation does not indicate any extenuating circumstances to require promethazine given guideline recommendations against using this medication for chronic opioid use and the plethora of side effects associated with Promethazine. The request is not medically necessary.

**Nexium 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- proton pump inhibitors.

**Decision rationale:** Nexium 20mg # 30 is not medically necessary per the MTUS guidelines. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Furthermore, the ODG states that if the patient has these indications then a trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. The documentation does not indicate failure of first line therapy. Furthermore, the patient cannot take NSAIDs per documentation. The request for Nexium is not medically necessary.