

<b>Case Number:</b>	CM13-0030808		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 59-year-old female who sustained a work related injury on 10/19/12. The most recent progress report dated 11/4/13 documented subjective complaints of musculoskeletal pain in the neck, shoulders, back, hands, head, and bilateral lower extremities. The patient rated her pain to the head as 6/10 and 9/10 in the shoulders, neck, back, and bilateral lower extremities. Objective findings revealed tenderness and stiffness of the neck, bilateral upper extremity, shoulders, and back. There was decreased sensation to the bilateral lower extremities. The treatment plan included consultations with an internist and an orthopedist, and continuation of the medication regimen to include transdermal analgesics, ibuprofen, Omeprazole, and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The California MTUS Guidelines state that proton pump inhibitors such as Omeprazole are indicated for patients at risk for gastrointestinal events. The medical records

submitted for review failed to establish the presence of factors that would place the patient at risk for gastrointestinal events with the use of NSAIDs. As such, the criteria have not been met, and the request is not supported.

**Dendracin lotion, 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-112..

**Decision rationale:** The California MTUS Guidelines state that topical ointments are largely experimental, and have not been shown in properly randomized controlled clinical trials to be effective. Topical ointments are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The requested medication contains methyl salicylate, benzocaine, and menthol. Guidelines further indicate that if one of the medications in a compound is not recommended, that the topical compound as a whole cannot be recommended. Given that guidelines only support the use of lidocaine in the formulation of a dermal patch, the request is not supported

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

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of Soma due to its habit forming properties. Additionally, should it be prescribed, it is not intended for long-term use. The clinical information submitted for review does not indicate the duration of use of the requested medication. Given the lack of recommendation by California MTUS Guidelines, the request is not supported.