

<b>Case Number:</b>	CM13-0040893		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California, Florida, Maryland, and Washington, DC. 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 35-year-old male who sustained a work-related injury on August 1, 2002. He was employed as a carpet installer. An injury occurred while carrying a roll of carpet into a room; it hit the frame of the door, causing him to twist his back. The patient now complains of back and lower extremity pain. He has been diagnosed with L5-S1 disc herniation, left S1 radiculopathy, and lumbar myofascial sprain and has been treated with medication and injections. The patient states that in December 2003 he underwent a fusion surgery to his low back and was doing very well until he became involved in a non-industrial car accident. In regards to the car accident, the patient was treated with physical therapy and massage therapy. In 2004, the patient said his back was much better than before. He stated he could lift up to 70-90 pounds. The patient stated he could bend stoop and lift more, but he had tightness in his back. He stated his leg pain was gone and no longer bothered him. In an updated report on May 20, 2013, the patient complained of moderate to severe pain in the lumbar spine, which radiates to both lower extremities, greater on the left than the right. He is currently prescribed Norco, Motrin, Soma, and Prilosec. Examinations done of the lumbar spine at this time revealed tenderness to palpation over the mid to lower lumbar area. There were spasms. Range of motion was limited to 80 degrees at flexion, and full range of motion at extension and bilateral rotation. Neurovascular status was intact distally. Bilateral sitting straight leg raise was positive for the left lower extremity and negative for the right. Treatment has included lumbar spine fusion, home exercise and medications for pain management which have provided some pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Prilosec 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** Prilosec is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastrointestinal bleeding. There is no (clear) documentation of any of the following in this patient: gastric/duodenal ulcers, GERD, erosive esophagitis, or the utilization of chronic NSAID therapy, and/or any collaborative laboratory test confirming GI bleed. Therefore the request is not medically necessary.

**120 Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The injured worker does not have any evidence of acute myospasm, acute pain or break-through pain for which the use of Soma is indicated. Furthermore, Soma is not recommended for longer than a 2-3 week period. The patient does not meet criteria for recommendation. Therefore the request is not medically necessary.