

Case Number:	CM13-0066658		
Date Assigned:	01/03/2014	Date of Injury:	12/09/2002
Decision Date:	07/15/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Internal Medicine, and is licensed to practice in California. 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 60 year old female who was injured on 12/09/2002 while crossing the street and was hit by a moving vehicle. Her diagnoses include post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease ,shoulder pain, post-concussion syndrome, and headache/facial pain. Prior treatment history has included s/p failed IDET, s/p artificial disc replacement 02/08/2006, s/p posterior decompression with posterior pedicle screw fixation 07/09/2007, subacromial decompression for subacromial impingement syndrome and adhesive capsulitis 10/2003 left shoulder and 10/14/2004 right shoulder. Medications include Soma, Percocet, OxyContin and Omeprazole. Objective findings on exam revealed she does not show signs of intoxication or withdrawal. The patient has an antalgic gait; has awkward gait, slowed gait and is assisted by a brace. Examination of the cervical spine revealed range of motion is restricted with flexion limited to 25 degrees and pain. On examination of paravertebral muscles, hypertonicity, spasm tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) is noted on both sides. Tenderness is noted at the paracervical muscles and trapezius. Spurling maneuver causes pain in the muscles of the neck radiating to upper extremity. Reflex is 2/4 on both sides. Pain with cervical facet loading maneuvers. Inspection of the lumbar spine reveal;s surgical scar. Range of motion is restricted with flexion limited to 70 degrees, extension limited to 13 degrees and pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted on both sides. Tenderness noted over the sacroiliac spine. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on right and left lumbar paraspinal muscles on right and left trapezius muscle right and left. The right shoulder movements are restricted with pain. Hawkins test is positive. On palpation, tenderness is noted in the acromioclavicular joint and subdeltoid bursa. The left shoulder movements are restricted with pain. Hawkinstest is positive. On palpation, tenderness is noted on the acromioclavicular joint and subdeltoid bursa. Neurological exam reveals motor testing limited by pain. On sensory exam, light touch

sensation is decreased over the medial foot and thumb, index finger, middle finger, ring finger and little finger on both sides. There is severe tenderness to palpation over the left patella. The treating provider has requested Prilosec 20mg #30, and Soma 350mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY (30) PRILOSEC 20MG, 1 DAILY: 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 NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, NSAIDS AND GI PROBLEMS.

Decision rationale: According to the California MTUS guidelines, Prilosec (omeprazole) is a proton pump inhibitor, which is recommended for patients at intermediate risk for gastrointestinal events and treatment of dyspepsia secondary to NSAID therapy. In this case, there is documentation that this injured worker had GI upset secondary to the present medication regimen. Additionally, this injured worker has been prescribed this medication for more than 1 year and guidelines indicate that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

SIXTY (60) SOMA 350MG, 1 TWICE A DAY AS NEEDED: 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): 41. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, CARISPRODOL (SOMA).

Decision rationale: According to the reviewed literature, Carisoprodol (Soma) is not recommended for the long-term treatment of musculoskeletal pain. The medication has its greatest effect within 2 weeks. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. There is no documentation of functional improvement from any previous use of this medication. According to the California MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for

chronic use of this muscle relaxant medication has not been established. The requested treatment is not medically necessary.