

<b>Case Number:</b>	CM14-0150145		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert 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 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/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 44 year old male who was injured on 03/01/2012 when he was shot in the right eye. Prior treatment history has included physical therapy, psychotherapy treatment, and laser surgery in 2012. His past medication history included Fioricet, tramadol 100 mg, and topical cream. Orthopedic note dated 08/14/2014 states the patient presented with severe neck pain, severe left shoulder pain and severe low back pain. He reported he suffers from posttraumatic stress syndrome. On exam, his neck is stiff and guarded. His back is very tender and tight. Sitting straight leg raise is at 90 degrees on the right and 80 degrees on the left; and lying straight leg raise is at 60 degrees on the right and 50 degrees on the left. His sensation is slightly decreased. The patient is diagnosed with chronic severe cervical pain, back pain, left shoulder pain/numbness, cognitive loss, and degenerative disk disease with a 3-mm herniated disc at L4-5. Prior utilization review dated 08/25/2014 states the request for Flexeril 7.5mg #60 Dispensed On 8/14/14; Prilosec 20mg #90 Dispensed On 8/14/14; and Soma 350mg #60 Dispensed On 8/14/14 is denied as there is a lack of documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG #60 DISPENSED ON 8/14/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

**Decision rationale:** The guidelines recommend muscle relaxants for short-term use only in acute back pain and muscle spasms. Flexeril is not recommended for use longer than 2-3 weeks according to the guidelines. From the documents provided it is unclear if the patient has been on Flexeril previously and if so what the duration of therapy has been. The request does not contain a frequency but it is likely the request exceeds a 2-3 week use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**PRILOSEC 20MG #90 DISPENSED ON 8/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The guidelines recommend PPI therapy for patients at risk for adverse GI events on NSAIDs or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. Risk factors for GI events for patients on NSAIDs include age > 65, history of GIB, history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did not identify a GI condition which requires PPI therapy or identify the patient as increased risk for adverse GI events. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**SOMA 350MG #60 DISPENSED ON 8/14/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The guidelines recommend muscle relaxants for short-term use only in acute back pain and muscle spasms. Soma is not recommended for use longer than 2-3 weeks according to the guidelines. From the documents provided it is unclear if the patient has been on Soma previously and if so what the duration of therapy has been. The request does not contain a frequency but it is likely the request exceeds a 2-3 week use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.