

<b>Case Number:</b>	CM14-0023005		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 49-year-old male with an 8/17/06 date of injury to the cervical spine and the shoulders. The patient is status post right shoulder arthroscopy with rotator cuff repair on 11/3/06 and post operative physical therapy. The patient was seen on 1/20/14 with complaints of neck pain radiating to the shoulders and down the left arm, 6-7/10 on VAS without medications and 4-5/10 with medications, which include Soma, Motrin, and Ambien. Exam findings reveal slightly restricted range of motion of the cervical spine. A UR decision dated 2/20/14 denied the request for Soma given the duration of use exceeded recommended period of use. Omeprazole was denied as there was no indication that the patient had a GI condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMPRAZOLE 20 MG # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: FDA (OMERPRAZOLE).

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient was noted to be using Motrin, which is an NSAID, chronically. The use of a proton pump inhibitor such as omeprazole is supported in chronic NSAID use for GI prophylaxis. Therefore, the request for Omeprazole was medically necessary.

**SOMA 350 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA), 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

**Decision rationale:** CA MTUS states that Soma is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. This medication is not recommended per MTUS in any amount for any duration or any medical condition. Therefore, the request for Soma was not medically necessary.