

Case Number:	CM14-0026373		
Date Assigned:	06/13/2014	Date of Injury:	01/18/2010
Decision Date:	07/21/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 54 year old female with an injury date of 01/18/10. Based on the 01/21/14 progress report provided by [REDACTED], the patient complains of low back pain, neck pain, shoulder pain, and bilateral wrist pain with history of rotator cuff tear as well as carpal tunnel release surgeries. Vertebral examination reveals mild-to-moderate tenderness over the C6-7 and C7-T1 cervical interspaces. There is moderate-to-severe tenderness over the L4-5 and L5-S1. Straight-leg-raising test is positive in the bilateral lower extremity at 45 degree angle in a sitting position. She is currently taking Norco, Soma, Prilosec and Ambien. The patient's diagnoses include the following status post left shoulder rotator cuff repair, C6-7 and C7-T1 cervical disc derangement with disc extrusion and central neuroforaminal stenosis, cervical radiculopathy, left greater than right, lumbar disc derangement at L4-5, left lumbar radiculopathy and status post bilateral carpal tunnel release left on 02/10/12 and right in September 2011. [REDACTED] is requesting Soma 350 mg QID #120 and Prilosec 20 mg BID #60. The utilization review determination being challenged is dated 02/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/31/13- 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG QID #120: Upheld

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

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

Decision rationale: According to the 01/21/14 report by [REDACTED], the patient complains of low back pain, neck pain, shoulder pain, and bilateral wrist pain. The request is for Soma 350 mg QID #120 for muscle relaxant. California MTUS does not support the use of Soma for long-term. A review of the reports shows that this patient has been on Soma at least from 10/31/13. Therefore the request is not medically necessary.

PRILOSEC 20 MG BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain/ Proton Pump Inhibitors.

Decision rationale: According to the 01/21/14 report by [REDACTED], the patient complains of low back pain, neck pain, shoulder pain, and bilateral wrist pain. The request is for Prilosec 20 mg BID #60 for GI irritation. The patient has been taking Prilosec since 10/31/13. California MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The provider has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. Therefore the request is not medically necessary.