

<b>Case Number:</b>	CM14-0035453		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/14/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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, and is licensed to practice in Nevada. 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 injured worker is a 58-year-old female who was reportedly injured on February 14, 2001. The mechanism of injury was noted as moving a patient. The most recent progress note dated January 30, 2014, indicated that there were ongoing complaints of neck stiffness, headaches, and difficulty sleeping. The physical examination demonstrated limited cervical spine range of motion. Examination of the right shoulder noted a positive Neer's impingement test and a cross arm test. A request had been made for Soma, omeprazole and sumatriptan and was not certified in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 650mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol Soma (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** Soma is a muscle relaxant. Muscle relaxants are indicated as a second line treatment option for short-term treatment for acute exacerbations of chronic low back pain.

According to the most recent progress note dated January 30, 2014, there were no complaints of exacerbations of spinal pain nor were there any spasms noted on physical examination. For these reasons, this request for Soma is not medically necessary.

**Omeprazole 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the most recent progress note dated January 30, 2014, there was no mention of the injured employee having any gastritis or gastrointestinal issues, particularly any related to abuse of anti-inflammatory medications. For these reasons, this request for omeprazole is not medically necessary.

**Sumatriptan 25mg #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>.

**Decision rationale:** Sumatriptan is a medication indicated for abortive use of migraine headaches. Although the most recent progress note dated January 30, 2014, stated that the injured employee has headaches, there was no documentation that these are migraine headaches as opposed to tension headaches for those of another origin. Therefore, this request for Sumatriptan is not medically necessary.