

Case Number:	CM14-0043610		
Date Assigned:	07/02/2014	Date of Injury:	12/23/2005
Decision Date:	08/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who reported an injury on 12/23/2005. The mechanism of injury was not provided for clinical review. The diagnoses included knee strain, abnormality of gait, and impingement of the shoulder, frozen shoulder, rotator cuff syndrome, bursitis, myofascial pain, and myositis. The previous treatments include physical therapy and medication. The clinical note dated 03/25/2014 reported the injured worker complained of left-sided pain. The injured worker reported pain in the left shoulder, left lower back, and left hip and leg. He described the pain as sharp, aching, and severe. He rated his pain at 7/10 to 8/10 in severity. Upon physical examination, the provider noted shoulder flexion on the left was at 150 degrees and on the right 180 degrees; lumbar flexion was 50 degrees and extension 0 degrees. The provider noted the injured worker had intact sensation to light touch. The provider requested Soma to reduce pain, and Zantac. The request for authorization was submitted dated 03/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: The injured worker complained of pain in his left shoulder, left lower back, left hip, and leg. He rated his pain 7/10 to 8/10 in severity. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. There is no additional benefit shown in combination of NSAIDs. The efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. There is lack of objective findings indicating the injured worker is treated for muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 07/2013 which exceeds the guidelines recommendations of short-term use of 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Soma 350 mg #90 is not medically necessary.

Zantac 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference (PDR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The injured worker complained of pain in his left shoulder, left lower back, left hip, and leg. He rated his pain 7/10 to 8/10 in severity. The California MTUS Guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events including, over the age of 65, history of peptic ulcer, GI bleeding or perforation, use of concurrent aspirin, corticosteroids, and/or anticoagulants. The guidelines also note the medication is used for the treatment of dyspepsia secondary to NSAID therapy. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. The documentation did not indicate the injured worker had a history of peptic ulcers, gastrointestinal bleeding, or perforation. It did not appear the injured worker was at risk for gastrointestinal events. Additionally, there is lack of documentation indicating the injured worker had diagnosis of dyspepsia secondary to NSAID therapy. The request submitted failed to provide the frequency of the medication. Therefore, the request for Zantac 150 mg #60 is not medically necessary.