

Case Number:	CM14-0056440		
Date Assigned:	07/09/2014	Date of Injury:	10/06/1999
Decision Date:	08/08/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/25/2014

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 Spinal Surgery and is licensed to practice in New York. 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 52-year-old female with date of injury October 6, 1999. She is status post L5-S1 fusion. She has a fracture of her sacral screw on the left. She has severe pain with spasms. She is having trouble with her spinal cord stimulator. She reports 10 out of 10 pain without medication and 6/10 pain with medications. Physical examination shows tenderness to palpation the surgical scar. There is tenderness to palpation the back. Lumbar range of motion is significantly reduced. Muscle function and reflexes are normal in the bilateral lower extremities. Patient had spinal cord stimulator placement in 2013. Patient had revision spinal cord stimulator surgery 2013. Patient's diagnoses possible pseudarthrosis at L5-S1. At issue is whether soma and Prilosec medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guide Pain chapter; FDA (Omeprazole).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines indicate that patients who are at intermediate risk for gastrointestinal event in the web no cardiac disease a candidate for Prilosec treatment with NSAID use. There is no documentation medical records that this patient has had previous gastrointestinal problems. There is no documentation of the patient's at risk of adverse GI event. The request is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29&65.

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: MTUS chronic pain guidelines.

Decision rationale: Soma is a muscle relaxant. Guidelines do not recommend the use of muscle relaxants for chronic pain. There is no indication in the medical record that this patient has acute flare-up of chronic pain. In addition, long-term use of soma is not recommended for chronic pain. The request is not medically necessary.