

<b>Case Number:</b>	CM14-0082853		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/20/2006
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 injured worker is a 60-year-old male who reported an injury on 08/20/2006. The mechanism of injury was cumulative trauma. The prior treatments were noted to include medications and physical therapy. Additional treatments included surgical interventions and diagnostic studies included MRIs. The injured worker's medications were noted to include hydrocodone, tramadol, and omeprazole as of 2012. The documentation of 07/03/2014 revealed the injured worker had low back pain, right knee pain, right hand pain, and right foot pain. The injured worker's medications were noted to include Motrin, tramadol, Prilosec, Soma, and Lyrica. The physical examination was noted to be deferred. The treatment plan was handwritten and illegible. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma, 350 mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a short-term second-line option for the treatment of acute low back pain. The medication is not supported for use for longer than 3 weeks. The clinical documentation submitted for review failed to provide objective findings of lumbar spine spasms. There was a lack of documentation indicating the duration of use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #30 is not medically necessary.

**Prilosec, 20 mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration. There was a lack of documentation indicating the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #30 is not medically necessary.

**Motrin, 800 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the treatment of acute low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of the duration of use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Motrin 800 mg #60 is not medically necessary.