

<b>Case Number:</b>	CM14-0086136		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/05/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 male with date of injury 5/5/2008. The mechanism of injury is stated as a metal gate hitting him on the right upper back. The patient has complained of neck pain and upper back pain on the right side since the date of injury. He has been treated with physical therapy, epidural corticosteroid injections and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the cervical spine, negative Spurling's. Diagnoses: cervical spine disc disease, post traumatic pain to the upper thoracic spine. Treatment plan and request: Vicodin, Soma, Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg; 1 Pill Q8-12H #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This 52-year-old male has complained of neck pain and upper back pain since date of injury 5/5/2008. He has been treated with physical therapy, epidural corticosteroid injections and medications to include Soma since at least 11/2013. Per the MTUS guideline

cited above, Soma is not recommended, and if used, should be used only on a short term basis (4 weeks or less). Use of Soma in this patient has exceeded the recommended time period for use. On the basis of the MTUS guideline cited above, Soma is not as medically necessary.

**Vicodin 5/300mg; 1 Pill Q4-6H:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, pages 76-85, 88-89 Page(s): 76-85, 88-89.

**Decision rationale:** This 52-year-old male has complained of neck pain and upper back pain since date of injury 5/5/2008. He has been treated with physical therapy, epidural corticosteroid injections and medications to include Vicodin since at least 11/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Vicodin is not medically necessary.

**Prilosec 20 mg; 1 pill per day #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, pages 67-68 Page(s): 67-68.

**Decision rationale:** This 52-year-old male has complained of neck pain and upper back pain since date of injury 5/5/2008. He has been treated with physical therapy, epidural corticosteroid injections and medications to include Prilosec since at least 11/2013. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs (Proton Pump Inhibitors) can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary in this patient.