

<b>Case Number:</b>	CM15-0058728		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 48-year-old male who reported an injury on 06/01/2012. The mechanism of injury involved a fall. The current diagnoses include lumbar spine sprain/strain syndrome, cervical spine sprain/strain, cervical radiculopathy, and lumbar radiculopathy. The injured worker presented on 02/26/2015 for a follow-up evaluation with complaints of constant pain and discomfort in the neck region and bilateral shoulders. There was tingling and numbness in the bilateral upper extremities. The injured worker also reported low back pain with frequent radiating symptoms into the bilateral lower extremities. Symptoms were increased by activity. Upon examination, there was paraspinal muscle tenderness to palpation, restricted and painful range of motion, decreased sensation to light touch in cervical spine, weakness upon compression test, an inability to performed heel and toe walking, a loss of lumbar lordosis, tenderness over the lumbar spine, restricted range of motion of the lumbar spine, pain in the cervical area and right shoulder and a depressive affect and mood. Treatment recommendations at that time included continuation of the current medication regimen and a follow-up visit in 4 to 6 weeks. A Request For Authorization form was then submitted on 02/26/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #120 1 tabs po daily qid prn:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication since at least 10/2014. Guidelines would not support long term use of this medication. In addition, the physical examination failed to indicate palpable muscle spasm or spasticity. The medical necessity for the requested muscle relaxant has not been established in this case. As such, the request is not medically appropriate.

**Prilosec 20mg #60 1 tab po bid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. As such, the request is not medically appropriate.

**Maxalt MLT 10mg #15 1 tab onset of headache may repeat 1 in 2 hrs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter Rizatriptan (Maxalt).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

**Decision rationale:** The Official Disability Guidelines recommend triptans for migraine sufferers. In this case, the injured worker does not maintain a diagnosis of migraine headaches. The injured worker had utilized the above medication since at least 10/2014. Despite the ongoing use of this medication, the injured worker presents with complaints of headaches,

dizziness, and difficulty thinking. The medical necessity for the ongoing use of this medication has not been established. As such, the request is not medically appropriate at this time.

**Testosterone 200mg # 10mg in 1 1/2 cc IM weekly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnical Information.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

**Decision rationale:** California MTUS Guidelines recommend testosterone replacement in limited circumstances for patients taking high dose long term opioids with documented low testosterone levels. The injured worker has utilized the above medication since 10/2014. There are no recent laboratory reports documenting the injured worker's current testosterone level. There is no documentation from physical exam findings or subjective complaints that document the injured worker has a low level of testosterone. As the medical necessity has not been established, the request is not appropriate at this time.