MAXIMUS Federal Services

| Case Number: | CM14-0213970 | | |
|---|---|---|---|
| Date Assigned: | 01/13/2015 | Date of Injury: | 04/02/2004 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

## 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. 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: New Jersey, New York
Certification(s)/Specialty: Family Practice

## 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 49 year-old male who was injured on 4/2/04 when lifting a heavy bar. He complained of lower back pain radiating to the left lower extremity. On exam, he had reduced range of motion of his lumbar spine, reduced sensation and strength of left S1 spinal nerve root, absent left ankle deep tendon reflex, tender left lumbosacral paraspinal muscular spasm. An MRI showed disc herniation at L5-S1 with an extruded fragment to the left. He was diagnosed with lumbosacral spine disc syndrome, lumbar sprain with radiculopathy status post laminectomy, discectomy, and chronic pain syndrome. He developed epidural fibrosis. He had physical therapy which did not help. His medication included opiates, Neurontin and anti-inflammatories.The current request is for Soma and Zantac.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

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

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

**Decision rationale:** The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it since at least 8/2014. It has a high addiction potential with dangerous interactions when used with Opiates, Tramadol, Alcohol, Benzodiazepines, and illicit drugs. The patient is currently on Opiates as well. Therefore, the request for Soma is not medically necessary.

**Zantac 150mg #30:** Upheld

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

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

**Decision rationale:** The request for Zantac is medically unnecessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a H2blocker. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastronintestinal bleeding, concurrent use of Aspirin or Corticosteroids, or high dose/multiple anti-inflammatory medications", all of which did not apply to the patient. The patient had been taking an anti-inflammatory but it was unclear if he continued with this medication and if he had any side effects requiring GI prophylaxis. Therefore, the request for Zantac is not medically necessary.