

Case Number:	CM14-0219291		
Date Assigned:	01/09/2015	Date of Injury:	12/28/2011
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 12/28/2011. The mechanism of injury has not been provided with the clinical documentation submitted for review. She has reported cervical spine and right shoulder pain. The diagnoses have included cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, anxiety and depression. Treatment to date has included epidural steroid injections. Currently, the IW complains of cervical spine and right shoulder pain, rated as 7-8 out of 10 on pain scale. The cervical spine pain is described as sharp, achy and burning with radiation to the right shoulder, down to the fingertips, associated with numbness and a tingling sensation. She also reports lumbar spine pain described as constant, achy and throbbing, with radiation to the bilateral legs, right greater than left, and associated with constant dull. On 12/04/2014, Utilization Review non-certified a prescription for Soma 350mg and modified prescriptions for Prilosec 20mg #30 and Xanax 0.5mg # 30 noting the lack of medical necessity. The MTUS and ACOEM Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Soma tablets 350mg, Prilosec 20mg, and Xanax tablets 0.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg twice a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg b.i.d. #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple monster and anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and anxiety and depression. Subjectively, the injured worker complaints of cervical and lumbar spine pain, unchanged since September 25, 2014. Objectively, the injured worker has a wide base gait. Cervical range of motion is essentially normal. The injured worker has decreased sensation along the C6 - C7 dermatome on the right. There is diffuse tenderness to palpation over the lumbar paraspinal muscles. There is no documentation of muscle spasm in the medical record. There are no comorbid conditions or past medical history containing risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent clinical documentation with evidence of risk factors for gastrointestinal events, Prilosec 20 mg bid #60 is not medically necessary.

Xanax 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and anxiety and depression. Subjectively, the injured worker complaints of cervical and lumbar spine pain, unchanged since September 25, 2014. Objectively, the injured worker has a wide base gate. Cervical range of motion is essentially normal. The injured worker has decreased sensation along the C6 - C7 dermatome on the right. There is diffuse tenderness to palpation over the lumbar paraspinal muscles. There is no documentation of muscle spasm in the

medical record. The documentation indicates the injured worker was taking Xanax 0.5 mg as far back as January 23, 2014. There is no documentation with objective functional improvement. There are no pain assessments or risk assessments. The guidelines do not recommend benzodiazepines for long-term use (longer than two weeks). Long-term efficacy is unproven and there is a risk of psychological and physical dependence and frank addiction. Consequently, absent compelling clinical documentation to support ongoing Xanax use, Xanax 0.5 mg #60 is not medically necessary.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #90 is not medically necessary. Musser relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical disc disease; cervical radiculopathy; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and anxiety and depression. Subjectively, the injured worker complaints of cervical and lumbar spine pain, unchanged since September 25, 2014. Objectively, the injured worker has a wide base gate. Cervical range of motion is essentially normal. The injured worker has decreased sensation along the C6 - C7 dermatome on the right. There is diffuse tenderness to palpation over the lumbar paraspinal muscles. There is no documentation of muscle spasm in the medical record. The documentation indicates soma was prescribed as far back as January 23, 2014. The documentation does not contain evidence of objective functional improvement with some use. There were no pain assessments or risk assessments in the medical record. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation in chronic low back pain. There are no compelling clinical facts to warrant the ongoing use of soma. Consequently, absent compelling clinical documentation with evidence of objective functional improvement in contravention of the recommended guidelines (less than two weeks), Soma 350 mg #90 is not medically necessary.