

<b>Case Number:</b>	CM15-0099170		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 40 year old male who sustained an industrial injury on 10/27/2008. Mechanism of injury occurred when the vehicle he was in as a passenger rolled over 4 times. Diagnoses include status post right knee medial tibial plateau fracture, chondromalacia, lateral facet of patella and medial tibia plateau grade III right knee, status post right knee arthroscopy, degenerative joint disease of the right knee, and degenerative disc disease at C5-6 with moderate left foraminal stenosis. Treatment to date has included diagnostic studies, right knee arthroscopy with partial lateral meniscectomy on 04/24/2014, and right carpal tunnel release on 08/31/2010, and left carpal tunnel release on 05/18/2010, medications, and Synvisc injection on 04/20/2015. His medications include Ibuprofen, Tramadol, Soma and Vicoprofen. A physician progress note dated 04/20/2015 documents the injured worker complains of right knee pain which is moderate to severe and he rates it 8-9 out of 10. On examination there is tenderness to the medial joint line of the right knee and positive Apley test. Range of motion is 0-85%. He received a Synvisc injection to the right knee with this visit. Treatment requested is for Omeprazole 20mg, #120 and Soma 250mg, #60

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

**Soma 250mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.