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**Notice of Independent Medical Review Determination**

Dated: 9/23/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]  
7/2/2013

12/9/2002

7/18/2013

CM13-0001935

- 1) MAXIMUS Federal Services, Inc. has determined the requested Soma 350mg, twice daily prn #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Prilosec DR 20mg take daily #30 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested Soma 350mg, twice daily prn #60 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the requested Prilosec DR 20mg take daily #30 **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013:

"This is a now 59 year old female who was hit by a car. She sustained head and neck injuries and has developed a chronic pain syndrome. She is on multiple opiate medications including Kadian, Percocet, Norco and exalgo. The total amount of opiates is 114 morphine equivalents (MED) per day."

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/18/2013)
- Utilization Review Determination from [REDACTED] (dated 7/2/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

### 1) Regarding the request for prescription of Soma 350mg, twice daily prn #60:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 29, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used

by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, and in addition based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 63-66, which is a part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on December 9, 2002 to the head and neck. The medical records provided for review indicate diagnoses of cervical pain, post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, shoulder pain, post-concussion syndrome, and headache/ facial pain. The request is for Soma 350mg, twice daily prn #60.

The MTUS Chronic Pain guidelines indicate Soma is not recommended for longer than a 2-3 week period. The medical records provided for review document the use of Soma since 8/6/12. The request for Soma 350mg, twice daily, prn, #60 is not medically necessary and appropriate.

**2) Regarding the request for prescription for Prilosec DR 20mg take daily #30:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 68-69, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on December 9, 2002 to the head and neck. The medical records provided for review indicate diagnoses of cervical pain, post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, shoulder pain, post-concussion syndrome, and headache/ facial pain. The request is for Prilosec DR 20mg take daily #30.

The MTUS Chronic Pain guidelines indicate a proton-pump inhibitor (PPI) can be used to treat gastrointestinal (GI) events related to the use of non-steroidal anti-inflammatory drugs (NSAIDs). The medical records provided for review do not document the use of NSAIDs and do not document any current GI issues. The request for Prilosec DR 20mg, take daily, #30 is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.