

Case Number:	CM14-0173420		
Date Assigned:	10/24/2014	Date of Injury:	02/18/2010
Decision Date:	12/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old male who was injured at work on 02/18/2010. He is reported to be complaining of difficulty sleeping due to pain; difficulty with sex due to pain and discomfort in his left knee; abdominal discomfort due to prolonged use of medications for pain; Stress and depression, all due to his injury. He suffers from 3-7/10 low back pain that radiates to his lower extremities; constant 2-7/10 pain in his left knee that is associated with clicking, locking, popping, swelling, a feeling of his knee giving out that makes him to lose his balance. He has difficulty standing, walking for a prolonged time, kneeling and squatting, walking on uneven surfaces, climbing up and down the stairs. The physical examination revealed slow guarded gait, slight wasting and weakness of the left lower limb relative to the right, moderate tenderness over the lumbar paravertebral muscles, and limited range of motions of the lumbar spine. The following testes were bilaterally positive: straight leg raise, Braggard's test, Kemp's test, Valsava maneuver, medial and lateral knee joint line tenderness, and McMurray's tests. The range of motion of the knees was limited, the left more than the right. The worker has been diagnosed of status post left knee arthroscopy times 3 with residuals, severe tricompartmental degenerative changes, left knee, right knee musculoligamentous sprain, rule out internal derangement; Lumbar spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus, lower extremity radicular pain and paresthesia, Diabetes, sleep disorders, gastrointestinal/GERD complaints secondary to industrial injury, anxiety and depression secondary to industrial injury, sexual dysfunction secondary to industrial injury. Treatments have included physical therapy, knee arthroscopy, left knee surgery, Ibuprofen. At dispute are the requests for Voltaren XR 100 mg #30, and Soma 325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Selective NSAIDs Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Workers' Compensation Drug Formulary, NSAIDs

Decision rationale: The medical records provided for review do not indicate a medical necessity for Voltaren XR 100 mg #30. Although the MTUS recommends the NSAIDs as first line treatment of chronic pain, Voltaren (Diclofenac), is classified as an "N" drug by the official Disability Guidelines. The "N" drugs are not in the drug formulary, because they are not recommended as a first-line treatment. Therefore, the requested treatment is not medically necessary and appropriate.

Soma 325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Soma (Carisoprodol) 325 mg #60. The MTUS recommends against the use of Carisoprodol for longer than a 2 to 3 week period due to diminishing effects and side effects. Therefore, the request is not medically necessary.