

Case Number:	CM14-0175569		
Date Assigned:	10/28/2014	Date of Injury:	08/03/2010
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine & 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 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 female who reported an injury on 08/03/2010 due to sitting on the floor and then standing. Her diagnoses were noted to include left shoulder strain, lumbar sprain/strain, left trochanteric bursitis, right knee severe osteoarthritis, right ankle sprain, and right foot plantar fasciitis, and status post bilateral knee chondroplasty. Her past treatments were noted to include physical therapy, chiropractic therapy, aquatic therapy, TENS unit, a home exercise program, hot/cold compresses, bracing, modified activities, and medication. The diagnostic studies were noted to include an x-ray of the lumbar spine on 01/02/2013, MRIs of the both knees on 06/09/2014, and an MR Arthrogram of the right knee on 07/02/2014. The past surgical history was noted to include right knee arthroscopic chondroplasty on 05/29/2013 and left knee arthroscopic chondroplasty on 07/12/2013. On 08/06/2014, the injured worker reported pain in her left shoulder, low back, left hip, bilateral knees, right ankle, and right foot. The physical exam findings were noted to reveal left shoulder tenderness to palpation of the biceps tendon; lumbar spine tenderness to palpation of the L4-5 and L5-S1 regions; left hip tenderness to palpation of the ischial tuberosity; bilateral knee tenderness to palpation of the lateral joints, patellar tendons, left quadriceps tendon and vastus medialis tendon, and right iliotibial band with bilateral joint effusion; and right ankle/foot decreased range of motion. Current medications were not provided. The treatment plan was noted to include prescriptions for Soma and Relafen. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The request for Soma 350mg #30 is not medically necessary. The California MTUS Guidelines do not recommend long-term use of Soma as there is strong evidence for abuse and addiction associated with the sedative and relaxant effects of this medication. The injured worker was noted to be taking Soma in 11/2013, 02/2014, and 04/2014; however, there was insufficient documentation of subjective/objective relief and duration in which the medication was taken. Furthermore, a frequency in which the medication is prescribed was not provided in the request. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Soma 350mg #30 is not medically necessary.

Relafen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 71.

Decision rationale: The request for Relafen 500mg is not medically necessary. The California MTUS Guidelines recommend Relafen for inflammation and pain. The documentation submitted indicated she had pain in the left shoulder, low back, left hip, bilateral knees, right ankle, and right foot as well as joint effusion in both knees. She was also noted to have previously taken this medication in 04/2014. However, there was insufficient documentation to indicate subjective/objective relief and duration in which the medication was taken. Furthermore, a frequency in which the medication is prescribed was not provided in the request. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for Relafen 500mg is not medically necessary.