

Case Number:	CM14-0022863		
Date Assigned:	06/11/2014	Date of Injury:	12/18/2009
Decision Date:	10/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Nevada. 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 records presented for review indicate that this 60-year-old gentlemen was reportedly injured on December 18, 2009. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated mild right knee tenderness. Range of motion was from 0 to 110 and strength was rated at 5/5. There was no ligamentous instability and there was a negative McMurray's test. Diagnostic imaging studies were not reported in this progress note. Previous treatment includes a right knee arthroscopy and medial meniscectomy. A request had been made for soma 350 mg and hydrocortisone cream and was not certified in the pre-authorization process on February 13, 2014.

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 Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 29.

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. According to the California Chronic Pain

Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. Also, The California MTUS specifically recommends against the use of soma and indicates that it is not recommended for long-term use. The most recent progress note does not indicate that there are exacerbations of pain nor are there muscle spasms noted on physical examination. As such, this request for soma is not medically necessary.

HYDROCORTISONE 1% CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003220.htm>

Decision rationale: Hydrocortisone cream is a topical anti-inflammatory used to treat many skin disorders including rashes and eczema. The progress note dated May 12, 2014, does not indicate that the injured employee has any skin issues. As such, this request for hydrocortisone 1% cream is not medically necessary.