

Case Number:	CM14-0076061		
Date Assigned:	07/18/2014	Date of Injury:	10/02/2008
Decision Date:	08/27/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 and Rehabilitation 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 41 year old female who reported an injury on 10/02/2008 reportedly fell on the street and injured her right knee. The injured worker's treatment history included medications, urine drug screen, surgery, MRI, and x-rays. The injured worker was evaluated on 03/18/2014 and it was documented that the injured worker complained of her right knee pain, buckling, popping, and intermittent swelling. The injured worker reported 50% improvement of her bilateral low back pain since receiving the fluoroscopically bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation. Right knee and lumbar range of motion were restricted by pain in all directions. There was tenderness upon palpation of the lumbar paraspinal muscles overlying bilateral L3-S1 facet joints. There was tenderness upon palpation of the medial joint line. Extension was worse than flexion. McMurray's and Apley's tests were positive. The lumbar and right knee provocative maneuvers were positive. The injured worker had lumbar spasms. Muscle stretch reflexes were not tested at the right knee secondary to pain. Muscle strength was 5/5 in all limbs. There was an antalgic gait favoring the right knee. Her current medications were Ketoprofen to the knee, Norco 10/325 mg, and Naprosyn 500 mg. The provider failed to indicate the injured worker's VAS measurements while on medications. Diagnoses included status post fluoroscopically bilateral L4-5, and bilateral L5-S1 facet joint radiofrequency nerve ablation, right knee pain, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, right knee degenerative MMT, right knee internal derangement, right knee osteoarthritis and lumbar sprain/strain secondary to antalgic gait from knee injury. The Request for Authorization dated 03/26/2014 was for Carisoprodol however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle Relaxant; Antispasmodics Page(s): 29, 63,64,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the MTUS Chronic Pain Guidelines do not recommend Carisoprodol to be used for long term use. As such, the request is not medically necessary and appropriate.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatories (NSAIDs) Page(s): 70,71,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-anti-inflammatory drugs) Page(s): 67..

Decision rationale: The MTUS Chronic Pain Guidelines recommend that Motrin is used as a second line treatment after acetaminophen. The documentation lacked pain medication management. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Naproxen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain, and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request for Naproxen did not include the frequency. As such, the request is not medically necessary and appropriate.