MAXIMUS Federal Services

Case Number:	CM14-0094218		
Date Assigned:	07/25/2014	Date of Injury:	09/29/2001
Decision Date:	09/09/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 66 year old female who had a work related injury on 09/29/01. The only document submitted for review was dated 04/29/14 and it is a handwritten document. The injured worker was complaining of left foot and heel pain, left knee and lumbosacral pain. Pain level of the left foot was a 5/10 with walking. Left knee was rated 8 with walking and standing, lumbosacral spine was rated 7-8/10 with walking, standing, and bending. Physical examination showed that there was left foot pain on dorsiflexion of the plantar aspect. Range of motion of the left knee in flexion was at 128 degrees and extension at 0 degrees. The femur patella grind test and McMurray's test were positive. Straight leg raise on the left was positive at 60 degrees. Range of motion of the lumbar spine at flexion was at 80 degrees, extension at 20 degrees, right lateral bending at 15 degrees, left lateral bending at 15 degrees, and right lateral rotation at 28 degrees and left lateral rotation at 15 degrees. Diagnosis was right knee medial meniscal tear. Left knee degenerative joint disease. Low back pain non-radicular. Left plantar fasciitis. There is no documentation of visual analog scale scores, no documentation of functional improvement on the medication, and no documentation of gastrointestinal problems. Prior utilization review on 05/21/14 Omeprazole was denied, Soma 350mg was denied. Tylenol #3 #60 with 0 refills was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, qty 120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmotics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, muscle relaxants (for pain).

Decision rationale: The request for Soma 350mg, quantity 120 with 2 refills is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of muscle spasm. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low blood pressure (LBP0 and for short-term treatment of acute exacerbations in patients with chronic LBP. Soma not recommended in Official Disability Guidelines. Suggested by the manufacturer for use as an adjunct to rest, physical therapy, analgesics, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Therefore, the request is not medically necessary.

Tylenol #3, qty 120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Codeine Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation submitted for review, there is no documentation of visual analog scale scores, no documentation of functional improvement on the medication. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms and medications should only be changed by the prescribing physician. The request for Tylenol #3, quantity 120 with 2 refills is not medically necessary.

Omeprazole 20mg, qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors.

Decision rationale: The request for omeprazole 20mg, quantity 30 with 2 refills is not medically necessary. There is no evidence for gastrointestinal problems, based on the clinical documentation submitted for review. Therefore, the request is not medically necessary.