

Case Number:	CM14-0204931		
Date Assigned:	12/17/2014	Date of Injury:	09/21/2009
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35 year old male was injured 9/21/09 after lifting totes at height or above. Lumbar MRI (11/5/09 and 10/9/13) demonstrated disc herniation at L4-5; abnormal nerve conduction studies; left knee MRI demonstrated a trace of effusion and no evidence of internal derangement. . Diagnoses included protrusion/ herniation at L4-5 disc; rule out sacroiliitis; knee pain questionable etiology. The injured worker complained of low back pain and ongoing dull numbness in the leg shooting down to the toes. His pain was rated 10/10 without medications and 8/10 with medications. He cannot sit for more than 20-30 minutes, cannot walk more than three blocks because of knee and low back pain. He does minimal standing, pushing, pulling or bending. He complained of right stabbing right patella pain. His medications included Norco, gabapentin, Naproxen, Valium and Soma. Medications were helpful in decreasing pain and increasing function per 6/4/14 documentation. Laboratory evaluations to determine level of prescription medications were appropriate and an opiate agreement was signed. On physical exam there was tenderness over the lumbar, left sacroiliac and left sciatic notch regions. Cram test was negative. There was limited range of motion with flexion and extension due to pain and straight leg raise was positive on the right. Decreased sensation was noted on the left lateral leg and medial and lateral left foot. On the left knee there was a trace of grating and medial laxity with slight tenderness of the proximal tibia. On the right there was tenderness over the patella. He walks with the left lower extremity externally rotated. He continued with home exercise program and riding his bike daily. He was noted to be permanent and stationary and temporarily totally disabled. On 11/13/14 Utilization Review (UR) noncertified the request for Some 350 mg

#30 based on non-indication for long-term use per guidelines. The request for Naprosyn 550 mg # 60 is non-certified based on the chronic use of this medication noting the date of injury. Guidelines referenced were MTUS.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in low back and left leg rated at 10/10 without medications and 8/10 with them, as per progress report dated 07/30/14. The request is for SOMA 350 mg # 30. The patient also complains of numbness and weakness in the left leg, as per the same progress report. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, only one progress report dated 07/30/14 and an AME report dated 08/06/14 were provided for review. Both reports mention Soma. While the AME report states that the patient takes Soma at bedtime, the progress report states that medications help reduce pain from 10/10 to 8/10 and help the patient ride a bike to strengthen his legs. However, this information in the progress report is not specific to Soma. Additionally, the request for # 30 exceeds MTUS recommendation of 2 to 3 week use. This request IS NOT medically necessary.

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

Decision rationale: The patient presents with pain in low back and left leg rated at 10/10 without medications and 8/10 with them, as per progress report dated 07/30/14. The request is for NAPROXEN 550 mg # 60. The patient also complains of numbness and weakness in the left leg, as per the same progress report. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, only one progress report dated 07/30/14 and an AME report dated 08/06/14 were provided for review. Both reports mention Naproxen. In the progress report, the treater states that medications help reduce pain from 10/10 to 8/10. Medications are well tolerated as well. The treater also states that the patient rides his bike every day to strengthen his legs, and medications

are helpful to reduce pain so he can do that. Although this information is not specific to Naproxen, the patient does suffer from chronic pain for which NSAIDs are indicated. Hence, he can continue taking Naproxen at the treater's discretion. The request IS medically necessary.