

Case Number:	CM14-0207049		
Date Assigned:	12/19/2014	Date of Injury:	11/03/2004
Decision Date:	02/12/2015	UR Denial Date:	12/07/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice 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:

This injured worker's date of injury is 11/03/2004. The initial injury occurred at work when the patient pushed a stack of boxes with her leg. This patient receives treatment for chronic right knee and low back pain. An MRI of the right knee showed a tear in the ACL and a Baker's cyst. The knee has been treated with Synvisc injections. The patient has received facet joint steroid injections. A lumbar MRI showed facet hypertrophy and L5-S1 disc disease. Medications prescribed included Norco, Trazodone, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic right knee and low back pain. According to the guidelines, Soma is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Soma over the long-term (more than 2-3 weeks) is not recommended. Soma is metabolized by the body into

Meprobamate, a schedule IV controlled substance. Soma is not medically indicated. Therefore, this request is not medically necessary.

Trazodone 50mg #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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The treating physician recommends the patient continue taking Trazodone for "insomnia and depression." The treatment guidelines recommend that the documentation must state reduction in pain, improvement in function, changes in use of other pain medications, sleep quality and duration, and effect on mood. A PHQ-9 questionnaire, for example, can assess the patient's mood throughout the treatment. The documentation does not adequately provide these clinical details. Trazodone is not medically indicated. Therefore, this request is not medically necessary.