

Case Number:	CM15-0218134		
Date Assigned:	11/10/2015	Date of Injury:	10/11/2012
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained an industrial injury on 10-11-12. The injured worker was diagnosed as having lumbar radiculopathy; cervical strain-sprain; bilateral knee strain-rule out internal derangement; head contusion with posttraumatic headaches. Treatment to date has included medications. Currently, the PR-2 notes dated 10-1-15 by the provider indicated the injured worker was seen on this date as a follow-up examination. He described his pain level as "2-3 out of 10" and denies no new injuries since his last visit. His current complaints include lower back pain left greater than right with radiation to the left greater than right leg. Pain worsens with prolonged sitting, bending, lifting, pushing, and pulling objects. Neck pain usually is present in the lower and mid part of the neck and persists with prolonged neck position. Left knee pain is reported as quite intense compared to the right knee and has difficulty walking, standing, kneeling and squatting and sometimes swells up and pops. The right knee pain is not as bad but he avoids repetitive kneeling, squatting, crouching and similar tasks. The chest wall and sternal pain and cramping is persistent off and on with prolonged standing and sitting. He complains of headaches mostly on the left side in the left temporal frontal area with throbbing sensation. At times he gets photophobia, headaches are daily and about 3 times a week they are more intense causing him to lie down or take medication. He complains of dizziness and tinnitus in the form of hearing heartbeat in his ears. He has episodes of vertigo and spinning sensation which he reports a hospitalization 9-2013. He complained of hypertension and notes while at physical therapy session he was found to be hypertensive and was taken to the emergency room. He is now on medication and seen regularly

by a physician. On physical examination, the provider notes the injured worker has a slow usual gait due to left knee and low back pain. His cervical spine exam is negative with mild tenderness and muscle spasm in the mod and lower cervical spinal muscles left greater than right side. Spurling's sign is negative on both sides. Left knee exam is negative with moderate tenderness over the lateral joint line and lateral patellar region. The provider's treatment plan notes Soma was refilled for muscle spasms and the topical cream is for chronic pain. A PR-2 note examination dated 6-12-15 indicates the injured worker was prescribed the same medications at that time for the same to similar complaints and pain intensity. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 10-28-15 and non-certification for Soma 550 MG #30 and Mentherm Topical Cream. A request for authorization has been received for Soma 550 MG #30 and Mentherm Topical Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 550 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 10-11-12. The medical records provided indicate the diagnosis of lumbar radiculopathy; cervical strain-sprain; bilateral knee strain-rule out internal derangement; head contusion with posttraumatic headaches. Treatment to date has included medications. The medical records provided for review do not indicate a medical necessity for Soma 550 MG #30. The MTUS recommends 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 Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) is a muscle relaxant with a recommended duration of not longer than a 2 to 3 week period. The medical records indicate the injured worker has been using this medication at least since 01/2015, therefore is not medically necessary.

Mentherm Topical Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 10-11-12. The medical records provided indicate the diagnosis of lumbar radiculopathy; cervical strain-sprain; bilateral knee strain-rule out internal derangement; head contusion with posttraumatic headaches. Treatment to date has included medications. The medical records provided for

review do not indicate a medical necessity for Methoderm Topical Cream. Methoderm is a topical analgesic containing methyl salicylate and menthol. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary since it contains menthol, which is not recommended.