

Case Number:	CM15-0033714		
Date Assigned:	02/27/2015	Date of Injury:	07/18/2011
Decision Date:	04/07/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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 female, who sustained an industrial injury on 07/08/2011. On provider visit dated 09/14/2014 the injured worker has reported knee pain. The diagnoses have included right knee internal derangement and left medical meniscus tear knee. On examination she was noted to have a pain and a decreased range of motion. There was limited documentation submitted for review. On 02/16/2015 Utilization Review modified the request for Soma 350mg by mouth TID #90 and Norco 10/325mg #120. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg by mouth TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

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

Decision rationale: The injured worker sustained a work related injury on 07/08/2011 . The medical records provided indicate the diagnosis of right knee internal derangement and left medical meniscus tear knee. The medical records provided for review do not indicate a medical necessity for Soma 350mg by mouth TID #90. The request is for 30 days supply. Like all non-sedating muscle relaxants, the MTUS recommends their use for a short-term as a second line option for treatment of acute exacerbations of low back pain. The MTUS does not recommend the use of Carisoprodol (Soma) for longer than 2-3 weeks.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 07/08/2011 . The medical records provided indicate the diagnosis of right knee internal derangement and left medical meniscus tear knee. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The records reviewed indicate the injured worker has remained off work; there is no indication the injured worker is being monitored for pain control, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as is recommended by the MTUS for individuals on opioid maintenance. The MTUS states that such monitoring is necessary in therapeutic decisions and provides a framework for documentation of the clinical use of these medications.