

Case Number:	CM15-0037749		
Date Assigned:	03/06/2015	Date of Injury:	11/23/2011
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 64-year-old male sustained an industrial injury on 11/23/11, with subsequent ongoing knee and hip pain. The injured worker was diagnosed with right knee anterior cruciate ligament tear and meniscal tear. In a PR-2 dated 11/10/14, the injured worker complained of ongoing pain and weakness to the right knee and pain to the right hip. Physical exam was remarkable for point tenderness to palpation over the trochanteric bursa of the right hip noted to be consistent with bursitis and right lower extremity with quadriceps muscle atrophy, tenderness to palpation to the right knee medial and lateral joint lines, obvious anterior instability and positive Lachman's test, pivot shift test and McMurray's test with intact range of motion. Current diagnoses included medial and lateral meniscal tears, right knee status post arthroscopic surgery, quadriceps muscle weakness and pain and right hip pain. The treatment plan included requesting authorization for evaluation and treatment of the right hip, right knee home exercise program, a left knee brace and medications (Anaprox, Soma, Protonix and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Soma 350 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68, 71 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous treatment modalities and use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to soma to justify use. There is also no spasm documented on physical exam. The medical necessity of soma is not substantiated in the records.