MAXIMUS Federal Services

Case Number:	CM15-0080617		
Date Assigned:	05/01/2015	Date of Injury:	12/10/2013
Decision Date:	06/03/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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: California
Certification(s)/Specialty: Emergency 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 61 year old female, who sustained an industrial injury on December 10, 2013. The injured worker has been treated for left knee complaints. The diagnoses have included chondromalacia of the medial femoral condyle, chondromalacia of the patellofemoral joints and posterior degeneration of both meniscuses. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated February 24, 2015 notes that the injured worker reported pain, weakness, swelling and stiffness in the left knee. The pain was rated a five out of ten on the visual analogue scale. Physical examination of the left knee revealed an effusion, atrophy, loss of strength and a decreased range of motion. Special orthopedic testing was noted to be positive. The treating physician's plan of care included a request for the medications Alprazolam and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page 29; Muscle Relaxants, Pages 63-66 Page(s): 63-66, 29.

Decision rationale: The requested Soma, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain, weakness, swelling and stiffness in the left knee. The pain was rated a five out of ten on the visual analogue scale. Physical examination of the left knee revealed an effusion, atrophy, loss of strength and a decreased range of motion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma is not medically necessary.

Alprazolam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Alprazolam, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain, weakness, swelling and stiffness in the left knee. The pain was rated a five out of ten on the visual analogue scale. Physical examination of the left knee revealed an effusion, atrophy, loss of strength and a decreased range of motion. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Alprazolam is not medically necessary.