

Case Number:	CM14-0122387		
Date Assigned:	09/16/2014	Date of Injury:	07/13/1999
Decision Date:	10/17/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The records presented for review indicate that this 54 year-old female was reportedly injured on 7/13/1999. The claimant has undergone two arthroscopic left knee surgeries, with the last surgery in 2001. The most recent progress note dated 7/3/2014, indicates that there were ongoing complaints of neck, low back and knee pain. Physical examination demonstrated tenderness and decreased cervical/lumbar spine range of motion; positive Spurling's maneuver; positive sitting straight leg raise bilaterally; abnormal toe and heel walking; positive Patrick's maneuver on right; antalgic gait with a cane; motor strength: left wrist extensor 4+/5 and right 3+/5, bilateral grip 2+/5, left dorsiflexion 0/5 and right 1+/5; no evidence of sensory loss; DTRs: left knee 1+, right knee 2+, left ankle 0, right ankle 1+; bilateral knee tenderness over medial joint lines with limited ROM; painful patellofemoral crepitus; and positive McMurray test. No recent diagnostic imaging studies were available for review. Previous treatment includes Norco, Dilaudid, Soma, Zantac, Alprazolam and Prozac. A request had been made for Soma 350 mg #30 and 1 consultation with an orthopedic surgeon, which was not certified in the utilization review on 7/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127..

Decision rationale: Soma (Carisoprodol) is a muscle relaxing type medication whose active metabolite is meprobamate which is highly addictive. MTUS specifically recommends against the use of Soma due to its abuse potential. Based on the clinical documentation provided, the clinician fails to provide rationale for deviation from the chronic pain treatment guidelines. As such, this medication is not considered medically necessary.

1 Consultation with an Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records fails to document any recent diagnostic imaging studies; however, an MRI of the lumbar spine was recommended and recently certified. An orthopedic spine surgery or neurosurgery consultation may be indicated pending review of the lumbar spine MRI. This request is not considered medically necessary at this time.