

<b>Case Number:</b>	CM14-0179503		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family 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:

Patient had a date of injury on 6/22/2012. Patient was picking blueberries and fell hitting his left knee. He had immediate pain in his left knee. X-rays of the hip and thigh were normal and an MRI of the hip was normal. Medications include: cyclobenzaprine, Norco Ibuprofen and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

**Decision rationale:** Based on guidelines Soma is not medically necessary. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate.

**Naproxen 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** According to guidelines it states NSAIDS should be used for a short duration. The patient shows no improvement while being on Naproxen. Acetaminophen is also recommended as first line therapy. There is no mention of Acetaminophen. Based on this Naproxen is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to guidelines omeprazole is to be used when NSAIDS are used for patients at increased risk of gastritis. Since Naproxen is not medically necessary then Omeprazole is not medically necessary.

**Twelve (12) physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to guidelines it states physical therapy should be done along with a home exercise program. There is no documentation as to why physical therapy is needed and no documentation of a home based exercise plan and thus physical therapy is not recommended.

**One (1) MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** According to guidelines it states an MRI of the knee is indicated when an xray has been non diagnostic and physical signs warrant an MRI. Based on the patient's medical records there is no indication as to why an MRI of the knee is needed and no xray done prior. Thus an MRI is not medically necessary.