

Case Number:	CM14-0212567		
Date Assigned:	01/13/2015	Date of Injury:	03/16/1999
Decision Date:	02/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Orthopedic Surgery, Sports 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 57-year-old female who reported an injury on 03/16/1999. The mechanism of injury was not provided. On 11/19/2014, the patient was seen for bilateral knee pain. The patient is currently utilizing Vicodin 1 tablet 4 times a day for breakthrough pain and Soma 1 tablet 3 times a day for acute muscle spasms. The patient takes 1 Zantac 1 tablet a day for GI side effects from medication. Patient is noting functional improvement and improvement in pain with her current medication regimen. Patient pain is rated at 6/10 with use of her medication and a 9/10 to 10/10 without medication. She noted improvement with activities of daily living as well as increased ability to sit, stand, and walk. Upon examination of the right knee revealed moderate bruising about her right proximal anterior leg region tenderness noted over the bruised region of the right leg as well as over the medial joint line about the left knee. The left patellofemoral crepitus was noted about her right knee. Range of motion revealed flexion 110 degrees, extension -5 degrees on right, and flexion 125 degrees, extension 0 degrees on left. Her gait favored her right lower extremity. Diagnoses included sprain/strain of the lumbar spine, sprain/strain of the left knee. Surgical history included status post right knee arthroscopy and meniscectomy on 06/22/1999 and repeat arthroscopy of the right knee on 03/20/2001. Treatment plan included prescribing Vicodin ES 7.5/325 mg 1 at bedtime as needed and Soma 350 mg one 3 times a day, and to continue Zantac 20 mg, and request authorization for 1 month trial of home TENS unit to decrease pain and to help patient wean down on her pain medication, and re-evaluate in 4 weeks. The Request for Authorization was dated 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month of a home transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation); criteria for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

Decision rationale: The request for 1 month of a home TENS unit is not supported. The patient had a history of bilateral knee pain. The California MTUS Guidelines recommend a month trial of home based tens in adjunction to a program of evidence based functional restoration program. The patient has chronic knee and back pain and has not been diagnosed with any of the listed conditions recommended for TENS unit. Patient does not have signs and symptoms of neuropathic pain. There is lack of documentation of the patient had another treatment program he was participating in. As such, the request is 1 month of a home TENS unit is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol); Weaning of Medications.

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

Decision rationale: The request for 1 prescription for Soma 350mg #90 is not supported. The injured worker had a history of bilateral knee pain. The California MTUS Guidelines do not recommend the use of Soma for long term use due to the risk of side effects. Weaning is recommended for discontinuation of Soma in order to avoid withdrawal effects, and tapering should be individualized for each patient. There is lack of documentation of functional improvement from said medication. The request for Soma is not supported. As such, the request is not medically necessary.