

Case Number:	CM14-0219040		
Date Assigned:	01/09/2015	Date of Injury:	01/30/2007
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/31/2014

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: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on January 30, 2007. She has reported pain of the lower back, left knee and left leg. The diagnoses have included lumbosacral joint sprain, left sided lumbar myospasm, left sided lumbar neuritis/radiculitis, left knee ACL tear, left knee chondromalacia, and left knee internal derangement. Treatment to date has included physical therapy, chiropractic, and a left knee arthroscopy. Currently, the injured worker complains of frequent lower back pain and left knee pain. The treating physician is requesting Ibuprofen and Soma. On December 22, 2014 Utilization Review non-certified the request for Ibuprofen noting the lack of documentation to support the medical necessity of the medication, and partially certified the Soma, noting the lack of documentation to support the medical necessity of the medication, but that the injured worker would need to be weaned. The MTUS was cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22,60.

Decision rationale: The patient presents with complains of Left knee pain and low back pain radiating to hips, Left leg and Right foot. The request is for IBUPROFEN # 90. Patient's pain scale is 6/10 with rest and 9/10 with activities. Per progress report dated 08/12/14, patient's diagnosis include left-sided lumbar myalgia, left-sided lumbar myospasm, left-sided lumbar neuritis/radiculitis, left knee anterior cruciate ligament tear, left knee chondromalacia, left knee internal derangement, status post left knee arthroscopy. Drawer tests were positive. Ibuprofen, Soma and Norco are included in patient's prescription, per 08/12/14 progress report. Patient is to return to full duty with no restrictions. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided a reason for the request. In this case, review of medical record do not show documentation of functional or pain reduction from Ibuprofen, as required by guidelines. Treater has not discussed the efficacy of Ibuprofen. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

SOMA 350MG #90: Upheld

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

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

Decision rationale: The patient presents with complains of Left knee pain and low back pain radiating to hips, Left leg and Right foot. The request is for SOMA 350 MG # 90. Patient's pain scale is 6/10 with rest and 9/10 with activities. Per progress report dated 08/12/14, patient's diagnosis include left-sided lumbar myalgia, left-sided lumbar myospasm, left-sided lumbar neuritis/radiculitis, left knee anterior cruciate ligament tear, left knee chondromalacia, left knee internal derangement, status post left knee arthroscopy. Drawer tests were positive. Ibuprofen, Soma and Norco are included in patient's prescription, per 08/12/14 progress report. Patient is to return to full duty with no restrictions. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." The treater has not provided a reason for the request. MTUS recommends Soma only for a short period. The request for a quantity 90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.