

Case Number:	CM15-0115447		
Date Assigned:	06/23/2015	Date of Injury:	05/31/2001
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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 a 61 year old female, who sustained an industrial injury on 05/31/2001. She has reported injury to the bilateral knees and low back. The diagnoses have included right knee strain; left knee strain, compensable consequence of right knee strain; lumbar strain with right lumbar radiculitis; and secondary depression and insomnia. Treatment to date has included medications, diagnostics, ice, cane, bracing, scooter, injections, and home exercise program. Medications have included Norco, Ibuprofen, Soma, Lidoderm Patch, Voltaren Gel, and Omeprazole. A progress note from the treating physician, dated 05/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back and left sacroiliac region pain; bilateral knee pain; pain is rated at 8-9/10 on the pain scale; she continues to use a walking cane and knee braces; intermittent left shoulder pain; depression and sleep difficulty due to chronic pain; she continues to do her home exercises and uses her shower chair; she continues to try and aide weight loss with diet and exercise; and she is still contemplating gastric bypass surgery. Objective findings included moderately antalgic gait; difficulty getting to standing from seated position; difficulty for her to turn; the right knee is moderately tender in the patellar region and lateral and medial joint line; slight swelling of the right knee and mild swelling of the left knee; moderate tenderness of the center and left paralumbar region and left sacroiliac region with point tenderness over the sacroiliac region; and decreased lumbar spine range of motion. The treatment plan has included the request for Soma 350mg #90; Lidoderm Patch 5% #30 per month twice a day as needed; and rear hydraulic van ramp for scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

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
Page(s): 63 of 127.

Decision rationale: The patient is a 61 year old female who sustained an injury in May of 2001. She has subsequently been diagnosed with bilateral knee strain and low back strain with radiculitis. She has been treated with medications, home exercises, weight loss, topical therapy. The request is for the use of the Soma. Per the MTUS guidelines, muscle relaxants are indicated for short term use after injury as a second-line option. They show no increased benefit for pain relief beyond NSAIDS. Due to the remote nature of the injury, at this point the use of a muscle relaxant would not be suggested. Therefore the request is not medically necessary.

Lidoderm Patch 5% #30 per month BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 56-57 of 127.

Decision rationale: The patient is a 61 year old female who sustained an injury in May of 2001. She has subsequently been diagnosed with bilateral knee strain and low back strain with radiculitis. She has been treated with medications, home exercises, weight loss, topical therapy. The request is for the use of the lidoderm patches. The MTUS guidelines state that lidoderm patches are indicated for the use of post herpetic neuralgia. Further research is needed to recommend it for chronic neuropathic disorders other than post-herpetic neuralgia. As such, the request is not medically necessary.

Rear Hydraulic Van Ramp for Scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99 of 127.

Decision rationale: The patient is a 61 year old female who sustained an injury in May of 2001. She has subsequently been diagnosed with bilateral knee strain and low back strain with radiculitis. She has been treated with medications, home exercises, weight loss, topical therapy. The request is for a rear hydraulic van ramp. The MTUS guidelines state that power mobility devices are not recommended if the patient has sufficient upper extremity function to propel themselves using a wheelchair. There is inadequate documentation of immobility requiring a power device or lift. As such, the request is not medically necessary.