

Case Number:	CM13-0062513		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2009
Decision Date:	05/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational 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 Physician 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 patient is a 52 year old male who was injured on 05/06/2009 who fell at work and landed on his right knee. Prior treatment history has included the patient undergoing a right knee arthroscopy on 05/06/2010, right knee surgery in 2011 and right elbow surgery. Medications are as follows: 01/02/2013 Current medications: Metformin, Percocet 10/325 mg, OxyContin 30 mg. Prior Medications: Soma 350 mg, Metformin, Norco 10/325 mg and MSER 15 mg. 03/20/2013 Current medications: Metformin, Percocet 10/325 mg, Soma 350 mg and OxyContin 30 mg. Prior Medications: Metformin, Norco 10/325 mg and MSER 15 mg. 05/13/2013 Current medications: Metformin, Percocet 10/325 mg, Soma 350 mg, OxyContin 30 mg. Prior medications: Norco 10/325 mg and MSER 15 mg. 06/07/2013 Current medications: Metformin, Percocet 10/325 mg, OxyContin 30 mg, Lidoderm patch. Prior medications: Metformin, Norco 10/325 mg and MSER 15 mg. 08/19/2013 Current medications: Metformin, Percocet 10/325 mg, OxyContin 30 mg, Lidoderm patch. Prior medications: Metformin, Norco 10/325 mg, MSER 15 mg, Soma 350 mg. 10/01/2013 Current medications: Metformin, Percocet 10/325 mg, OxyContin 30 mg, Lidoderm patch. Prior Medications: Metformin, Norco 10/325 mg and MSER 15 mg, Soma 350 mg. Progress note dated 10/01/2013 documented the patient to have complaints of bilateral low back pain, right elbow pain and right knee pain. Objective findings on exam revealed there is clicking, popping and buckling of the right knee. There is tenderness on palpation of the right elbow, right knee and lumbar paraspinal muscles. Lumbar, thoracic, right elbow and right knee ranges of motion were restricted by pain in all directions. Lumbar discogenic, thoracic, right elbow and right knee provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetrical bilaterally in all limbs. Clonus, Babinski's and Hoffman's signs are absent bilaterally. Muscle strength is 5/5 in all limbs except 4+/5 in the right extensor hallucis longus and right soleus.

There is decreased balance in heel and toe walking. There is an antalgic gait and the patient uses a cane for ambulation. The remainder of the examination is unchanged from the previous visit.

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 CARISOPRODOL (SOMA®), and SECTION CARISOPRODOLO (SOMA®, SOPRODAL 350mg, VANADOM® Page(s): 29.

Decision rationale: According to the California MTUS guidelines, Soma is not indicated for long-term use. Soma is recommended for the short-term management of spasticity. The guidelines do not recommend use for longer than a 2 to 3 week period. The medical records provided for review indicate that the employee has been prescribed Soma since March 2013 and appears to be using it in 2012 as well; however, there is no documentation of the efficacy or functional improvement derived from its use. The request for SOMA 350 MG #90 is not medically necessary.