

Case Number:	CM14-0137179		
Date Assigned:	09/05/2014	Date of Injury:	07/13/2005
Decision Date:	11/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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 Practice and is licensed to practice in Texas. 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:

The injured worker is a 52 year old female who reported an injury on 07/13/2005 slipped and fell. The injured worker was diagnosed with lumbosacral discogenic disease and status post left knee arthroscopy debridement with probable meniscectomy. The injured worker was treated with pain medications, ESI, and physical therapy. The injured worker had unofficial x-rays of unknown origin and date, unofficial MRI of lumbar spine and left knee on unknown date. The injured worker had no indication of surgery in the medical records. The clinical note dated 01/18/2012 noted the injured worker complained of pain about the lumbar spine and left knee. The injured worker had Waddell's sign and was unable to perform straight leg raise, no motor loss or sensory loss noted. The injured worker's medical records did not indicate what medications the injured worker was prescribed. The treatment plan was for soma 350mg 1 3x/day. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, 1 3x/day #90-x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma), Muscle relaxants (for pain).

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

Decision rationale: The request for Soma 350mg, 1 3x/day #90-x2 is not medically necessary. The injured worker is diagnosed with lumbosacral discogenic disease and status post left knee arthroscopy debridement with probable meniscectomy. The injured worker complains of pain about the lumbar spine and left knee. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Soma is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. There is a lack of documentation that indicates whether there are side effects related to the medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide a recent clinical note with a complete assessment of the injured worker. There is a lack of recent documentation demonstrating the injured worker has significant spasms upon physical examination. It is not indicated how long the injured worker has been prescribed this medication. Additionally, there is no documentation of the injured worker prescribed any specific medications. As such, the request for Soma 350mg, 1 3x/day #90-x2 is not medically necessary.