

Case Number:	CM14-0173989		
Date Assigned:	10/27/2014	Date of Injury:	01/09/2002
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 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:

This is a 59 year old male patient who sustained an injury on 1/09/2002. He sustained the injury while repairing a brick walkway and felt his left knee lock. The current diagnosis includes left knee arthritis with residual stiffness and soreness after left knee replacement, and right knee pain. Per the doctor's note dated 9/30/14, patient had chronic left knee pain status post total knee replacement and right knee pain due to compensatory overuse; frequent muscle spasms and cramps in the left and considerable pain at nighttime. Physical examination revealed significant restriction of movement in the left knee, mild residual swelling and some tenderness to palpation over the left knee and slight effusion in the right knee with tenderness over the medial joint line. The current medication list includes Ibuprofen, Norco, Soma and Hydrochlorothiazide. He has undergone left knee replacement arthroplasty on 2/3/11 and right knee arthroscopic resection of a torn medial meniscus on 3/06/02. He has had left knee MRI on 2/3/2003; X-rays of the left knee dated 7/30/2014 which revealed well-positioned intact total knee replacement arthroplasty with no evidence of failure or loosening. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 64.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment 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. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommend soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The rationale for the use of a muscle relaxant for a knee injury is not specified in the records provided. The medical necessity of Soma 350 mg # 180 is not established in this patient at this time.