

Case Number:	CM14-0175798		
Date Assigned:	10/29/2014	Date of Injury:	04/15/2013
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Arizona & 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:

The injured worker is a 35 year old female who reported an injury on 04/15/2013. The mechanism of injury was not specified. Her diagnoses were noted as knee pain and chronic pain syndrome. Her past treatment was noted to include medications, physical therapy, and surgery. On 10/28/2014, she was noted to have complaints of pain to her right knee which she rated as 7-8/10. The injured worker stated she had about 60% pain relief from her medications and was able to perform her ADLs with less pain. Upon physical examination, it was noted the injured worker had tenderness on palpation of the medial and lateral joint lines. Her medications were noted to include Alprazolam 0.25mg, Trazodone 50mg, Naproxen 375mg, Soma 350mg, and Percocet 10/325. The treatment plan was noted to include physical therapy and medications. A request was received for Soma 350mg #30 for spasms. A Request for Authorization was signed on 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS; regarding: Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to the California MTUS Guidelines, Carisoprodol is not recommended for long term use and it is also not recommended due to its side effects with other medications such as benzodiazepines which include Alprazolam. It was noted this injured worker had knee pain and was taking Soma and Percocet for relief. The efficacy of the medication was unclear in the report. It was also noted that she was prescribed Alprazolam along with the Soma which is not supported by the guidelines. As the guidelines do not recommend the long-term use of Soma, nor the use of Soma with benzodiazepines, and in the absence of its efficacy, the request is not supported by the evidence based guidelines. Additionally, duration and frequency of use was not specified in the request. As such, the request for Soma 350mg #30 is not medically necessary.