

Case Number:	CM14-0178816		
Date Assigned:	11/03/2014	Date of Injury:	08/06/2009
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation and Pain Medicine, has a subspecialty in Pain 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 42-year-old male who sustained a remote industrial injury on 8/6/09 diagnosed with history of anterior cruciate ligament reconstruction- right knee, severe arthrofibrosis- right knee, reflex sympathetic dystrophy/complex regional pain syndrome I- right lower extremity, and rule out nerve root impingement- lumbar spine with right lower extremity radiculopathy. The patient's previous treatments include: two knee surgeries, as he tore his anterior cruciate ligament in his right knee, physical therapy, multiple medications, and psychotherapy. The request for Soma 350mg #60 was non-certified on utilization review dated 10/6/14 due to the patient using Soma long-term and there was no acute exacerbation of pain. A utilization review dated 10/10/14 is noted, where Soma was recommended for weaning. The most recent progress note provided is 9/9/14. Patient complains primarily of constant right knee pain and significant low back pain; the patient reported that he has not received any significant treatment for his low back. It is noted that he has muscle spasms in his hamstrings with prolonged walking and exercising. Physical exam findings reveal the patient has an antalgic gait, favoring the right leg. There is tenderness and guarding in the low back. There is decreased range of motion in the low back. The right knee is darker in complexion compared to the left, with mottled, leopard skin appearance. The knee range of motion attempted due to pain. Current medications include Neurontin and Soma, though it is noted the patient stopped Neurontin, as he did not notice a difference in pain. The patient is off of work. Provided documents include physical therapy notes, previous progress notes and a Panel Qualified Medical Evaluation for psychiatric testing. Urine drug screen dated 5/14/14 was negative for all medications, which was compliant, as the patient was only prescribed Advil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, Soma is "Not recommended. This medication is not indicated for long-term use." Also, guidelines state, "It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects." Documentation identifies Soma was previously non-certified as it was being prescribed on a long-term basis and there was no acute exacerbation of pain. This would be appropriate, as the patient was prescribed Soma three months ago and most recent progress note dated 9/9/14 does not identify muscle spasticity in the low back or a flare-up of pain to support the request. Additionally, the patient is not working and significant functional benefit with Soma is not documented in the medical records provided. Furthermore, the request does not provide the frequency/ duration of use. Therefore, Soma 350mg #60 is not medically necessary.