MAXIMUS Federal Services

Case Number:	CM14-0021392		
Date Assigned:	05/07/2014	Date of Injury:	03/13/2009
Decision Date:	07/09/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopaedic Surgery 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:

The injured worker is a 36-year-old individual injured in March 2009. It is noted, that in April 2014, additional physical therapy was not certified in the preauthorization process. There is a handwritten physical therapy note dated April 4, 2014, that is mostly illegible, noting ongoing complaints of left lower extremity discomfort. A treating physician note indicates that a meniscal repair was completed in December 2010, and entry cruciate reconstruction completed in May 2012, and a unicompartmental arthroplasty completed in November 2013. A comorbidity of a methicillin-resistant Staphylococcus aureus infection is also reported. Multiple additional sessions of physical therapy were completed. The medications carisoprodol, Medrol, Norco and OxyContin were filled in January 2014. Again, the diagnosis is noted as osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

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

Decision rationale: This is an individual with osteoarthritis of the knee who has undergone multiple surgical interventions. There are ongoing complaints of knee pain secondary to the degenerative arthritic situation. There is no noted efficacy in the utilization of this medication over the last several months. Therefore, when noting that there is no specific muscle or myofascial diagnosis, and that the progress notes did not demonstrate objectively any improvement with the use of this medication, and that the literature does not support the use of this medication secondary to the side effect profile, there is insufficient clinical data this chronic long-term use is warranted based on California Medical Treatment Utilization Schedule (CAMTUS) guidelines.