

Case Number:	CM14-0024981		
Date Assigned:	06/11/2014	Date of Injury:	11/29/2001
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational Medicine 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 56 year old female who reported an injury to her low back and right knee on 11/29/2001. A clinical note dated 10/31/13 indicated the injured worker complaining of ongoing low back pain. The injured worker also reported numbness in the lateral aspect of the midline incision. There was an indication the injured worker previously underwent left knee aspiration and steroid injection on 01/03/12. The injured worker continued with right knee pain specifically at the lateral patella rated 8/10. There was indication the injured worker experienced foot drop. The injured worker also reported severe levels of low back pain. The injured worker stated she was having difficulty rising from a chair secondary to severe levels of pain. The injured worker utilized Motrin, Norco, and soma for pain relief. Utilization review dated 02/14/13 resulted in a non-certification for the requested soma as the injured worker was utilizing the medication for chronic use. A clinical note dated 02/26/14 indicated the injured worker demonstrating 0-110 degrees of range of motion at the right knee. The injured worker reported 50% normal range of motion throughout the lumbar spine. The injured worker continued with soma, Norco and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29. Decision based on Non-MTUS Citation Drugs.com, Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol (Soma) Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is Food and Drug Administration-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. Given the ongoing use of this medication, this request is not indicated. The request is not medically necessary and appropriate.