

<b>Case Number:</b>	CM14-0027948		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/27/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 is licensed to practice in Louisiana 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 patient is a 52 year old female who was injured on 07/27/2003. The mechanism of injury is unknown. Prior medication history included Norco, Soma, and Trazodone Pain management re-evaluation report dated 01/17/2014 indicated the patient presents with complaints of right knee pain which is constant and feels it is getting worse. She also has lumbar pain. She has difficulty sleeping at night due to the pain. Objective findings on exam revealed tenderness over the paravertebral muscles with spasm and tenderness in the lower lumbar region. Straight leg raise is negative. The knees revealed parapatellar tenderness, mainly on the right side. She is taking Trazodone and Soma. Of note, the patient stated that Trazodone provided her with little relief. Diagnoses are lumbar spine sprain/strain, a 3 mm disc protrusion at L4-L5 and L5-S1 with no significant neural foraminal narrowing according to note dated 01/17/2014; status post right knee arthroscopic surgery with residual pain. The treatment and plan included a request for lower extremity EMG/NCV, a request to increase Trazodone to 100 mg and Soma 350 mg is also requested. Prior utilization review dated 02/19/2014 states the request for Soma 350 mg po daily as needed #60 and trazodone 100 mg po q hs is denied these requests have not provided evidence to support medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SOMA 350 MG PO DAILY AS NEEDED # 60:** Upheld

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

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

**Decision rationale:** The ongoing use of Soma is not medically necessary. Per current evidence based guidelines, chronic use of muscle relaxers is not supported for ongoing musculoskeletal pain. There is insufficient evidence in this case of any recent acute musculoskeletal injury or that the patient's chronic complaints were recently exacerbated to support the use of this medication.

**TRAZOCONE 100 MG PO Q HS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The patient reported problems with sleeping secondary to pain; however, the clinical report from 1/17/14, reported minimal improvement with the use of this drug. There is not enough evidence in the medical records to warrant the continued use of this medication and therefore it is not medically necessary.