

Case Number:	CM14-0031258		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2009
Decision Date:	08/04/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/28/2014

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 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 46-year-old male who reported an injury on 10/29/2009. The injury reported was when the injured worker tripped over a desk. The diagnosis included bilateral tear of the meniscal lateral knee. Previous treatments included medication and injections. Within the clinical note dated 12/19/2013, it was reported the injured worker had increased aching and discomfort, some increased stiffness and swelling of both knees. Upon the physical examination, the provider noted slight varus deformity, slight extension lag in both knees, and mild effusion. The provider requested Soma; however, a rationale was not provided for clinical review. The Request for Authorization was submitted on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #100 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Soma 350 mg #100 with 1 refill is not medically necessary. The injured worker reported increased aching and discomfort, with some increased stiffness and

swelling of both knees. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain, muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing the medication for an extended period of time, since at least 06/2013, which exceeds the guidelines' recommendations of 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Soma 350 mg #100 x1 refill is not medically necessary.