

<b>Case Number:</b>	CM14-0036344		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/02/1989
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, has a subspecialty in Medicine and is licensed to practice in Physical Medicine and Rehabilitation. 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 63-year-old male who reported an injury on 05/02/1989. The mechanism of injury was not provided in the medical records. His diagnoses include right knee tricompartmental arthritis, right knee pain, and lumbago without radiculopathy. His previous treatments included medications and injections. Within the most recent clinical note dated 03/03/2014, the injured worker had complaints of low back and right knee pain. He reported he had an exacerbation of his right knee pain, since the weather had been cold and damp and reported pain along the medial joint line. He reported the series of 3 Euflexxa injections that were completed back in April provided him a great deal of relief until just recently. On physical examination of the right knee, the physician reported there was light swelling and pain with direct palpation along the medial joint line. The bounce home test and McMurray's tests were positive, and the range of motion was 0 degrees to 115 degrees. On examination of the lumbar spine, the physician reported there was tenderness with spasms and guarding to the paralumbar muscles and the straight leg raising tests bilaterally were negative. The physician's treatment plan recommendation was for the patient to continue with his gym membership and he would recommend a series of 3 Euflexxa injections. A request was submitted for Soma 350 mg #90. The rationale for the request was not provided. The request for authorization was provided on 03/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

**Decision rationale:** The request for Soma 350 mg #90 is not medically necessary. The Chronic Pain Guidelines state that carisoprodol (Soma) is not recommended. The clinical documentation provided indicated the injured worker continued to have chronic low back and right knee pain since his injury; however, the physical examination failed to indicate the extent of his pain and that the medications were effective for pain relief and increased function. The request as submitted failed to provide the frequency of the medication. In addition, the guidelines do not support the use of Soma. As such, the request for Soma 350 mg #90 is not medically necessary.