

Case Number:	CM14-0045671		
Date Assigned:	06/27/2014	Date of Injury:	07/16/2012
Decision Date:	07/23/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Emergency Medicine 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:

This case involves a patient with a reported date of injury on 7/16/2012. The mechanism of injury is described as fall after the chair he was sitting in broke. The patient has a diagnosis of status post left knee arthroscopy, status post lumbar spine fusion, neurogenic claudication with radiculopathy at L3-4, and acromioclavicular joint and left shoulder arthritis. A prior transforaminal lumbar interbody fusion of L4-S1 and decompression was reported on 11/4/13. There was a left knee arthroscopic chondroplasty of patella and medial femoral condyle, partial meniscectomy and limited synovectomy on 3/20/13. Multiple medical reports from the primary treating physician and consultants were reviewed. The last report available was until 6/9/14. The patient complains of constant low back pain rated at 7/10. The pain radiates to the bilateral lower extremity, with associated numbness. There was an occasional sensation of pins and needles. The patient also has constant left knee pain rated 7/10. An objective exam reveals the patient ambulating with a cane, and positive straight leg raise bilaterally at 30 degrees. There was weakness to the quadriceps, tibialis anterior and extensor hallucis longus at 4/5. There was also decreased light touch at anterior tibia. The current medications include soma, Norco, Ultracet and Zanaflex. An MRI of the abdomen and pelvis on 5/24/14, was done with no specific findings relevant to this review. The Utilization Review (UR) is for Soma 350mg #60. A prior UR on 3/31/14 recommended the non-certification of soma and certification of valium, Norco, Ultracet, and a lumbar spine X-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that Carisoprodol or Soma is not recommended. It has significant side effects and is high risk for dependency with life threatening withdrawal symptoms. The guidelines also indicate that Soma has a high risk for abuse, and that it has little benefit, except for some pain improvement mostly from sedation and anxiety relief. The request does not meet guideline recommendations. Soma is not medically appropriate and not medically necessary.