

Case Number:	CM14-0045949		
Date Assigned:	07/02/2014	Date of Injury:	10/27/2012
Decision Date:	08/25/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 patient is a 52-year-old female who has submitted a claim for Status Post Arthroscopic Surgery of the Left Knee associated with an industrial injury date of October 27, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient underwent left knee arthroscopic surgery. On physical examination, the surgical wound over the left knee was healing very well. Treatment to date has included left knee arthroscopic surgery (February 5, 2014) and two post-operative physical therapy sessions. Utilization review from April 8, 2014 modified the request for Soma 250 mg #30 to Soma 250 mg #20 for weaning purposes as long term use is not supported; and Continue PT x 8 to physical therapy x 6 because a total of 12 visits over 12 weeks is supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 29, 65.

Decision rationale: According to pages 29 & 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, the records failed to state when Soma was first prescribed. The exact duration of use of this medication is thus unknown. Moreover, the records and the present request failed to specify the frequency and duration of medication use. A clear rationale was also not provided regarding the indication for Soma. Therefore, the request for Soma 250 mg #30 is not medically necessary.

Continue physical therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-Surgical Treatment Guidelines referenced by CA MTUS, a total of 12 therapy visits over 12 weeks is recommended for patients who have undergone meniscectomy. In this case, the records showed that the patient was able to undergo two post-operative physical therapy sessions, wherein the last session was dated March 17, 2014. However, the records also showed that the patient was initially prescribed physical therapy sessions, 2 times per week for 6 weeks. It is unclear whether the patient was able to complete the initial 12 sessions recommended, and well as the benefit (if any) derived. Without this information, the need for further physical therapy sessions cannot be established. Therefore, the request for continue physical therapy x 8 is not medically necessary.