

<b>Case Number:</b>	CM14-0053443		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/28/1999
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Texas and Ohio. 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 67-year-old female who reported an injury on 04/28/1999. The mechanism of injury was not provided in the medical records. Her diagnoses include bilateral carpal tunnel syndrome and bilateral knee pain. Her past treatments include physical therapy and medication. Per the clinical note dated 03/04/2014 the injured worker reported she continued to have lower extremity pain in her bilateral knees, rated 6/10 with medications and an 8/10 without medications. The physician reported he evaluated the patient's medications which had been provided to reduce pain. He determined that the patient met the criteria for continuance of medication management. On physical examination of the lower extremity, there was tenderness noted in the bilateral knees, the range of motion was decreased due to pain and the motor exam showed decreased strength in the bilateral lower extremities. The physician's treatment plan included a request for 4 weeks of physical therapy, x-ray of the left knee, and refill of medications including carisoprodol (Soma), Cymbalta, Norco, Senokot S, Relafen, and lansoprazole. The current request is for Soma 350 mg every day #30. The rationale for the medication was for muscle spasms. The Request for Authorization was provided on 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg q.d.(every day) #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 2, summary of recommendations knee disorders, Chronic Pain Treatment Guidelines Soma.

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

**Decision rationale:** The California MTUS Guidelines state that carisoprodol (Soma) is not recommended. This medication is not indicated for long term use. Carisoprodol is a commonly prescribed central acting skeletal muscle relaxant. The guidelines also indicate that its main effect is due to generalized sedation and treatment of anxiety and abuse has been noted for sedative and relaxant effects. The clinical documentation provided indicated the injured worker continued to have chronic pain since her injury and she indicated her pain level was a 6/10 with medications and an 8/10 without medications. She reported that the use of her current medications and physical therapy were helpful in reducing her pain and increasing her functional activities. Therefore, despite evidence of decreased pain and increased function with the use of Soma, the guidelines do not support the ongoing use of the medication. As such, the Soma 350mg q.d. (every day) #30 is not medically necessary.