

Case Number:	CM14-0077872		
Date Assigned:	08/29/2014	Date of Injury:	08/13/2009
Decision Date:	10/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 41 year old male who sustained work related injuries on 08/13/09 when a truck ran over his foot. Subsequent treatment included right knee arthroscopy, meniscectomy, and chondroplasty on 03/01/12. He was status post right ankle crush injury. The injured worker underwent right knee injection on 11/16/13 and right ankle injection on 02/14/14. The injured worker had ongoing worsening right knee pain with clicking, catching, and swelling. He continued to have right ankle pain and swelling. He utilized an AFO brace and had difficult time walking. On examination he had mild effusion and tenderness to palpation over the medial and lateral joint lines. Range of motion was 0-125 degrees. McMurray testing was positive. There was edema throughout the ankle joint. There was tender to palpation over the peroneal tendons and posterior tibial tendon and the anterior talofibular ligament. Utilization review determination dated 04/30/14 non-certified the request for Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 for the right foot/knee/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 372, 341-343, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, opioids, benzodiazepin. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th edition, Ankle and Foot chapter, Knee and Leg chapter

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

Decision rationale: The request for Soma 350mg #90 is not supported as medically necessary. The submitted clinical records indicate that the injured worker sustained trauma to the right knee and ankle. He has substantive post-operative residuals. The record contains no data indicating that the injured worker has objective evidence of myospasm for which this medication would be indicated. Further CA MTUS does not support the long term use of Soma secondary to its addictive properties and potential for abuse. Therefore based on the submitted clinical information the medical necessity for the continuation of Soma 350mg has not been established.