

Case Number:	CM14-0095805		
Date Assigned:	07/25/2014	Date of Injury:	09/29/1999
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 is a 64-year-old male with a 9/29/1999 date of injury. A specific mechanism of injury was not described. 6/10/14 determination was modified to Carisoprodol 350mg #120 with 1 refill for the purpose of weaning to discontinue, with a reduction 10% per week over a weaning period of 2-3 months. Reason for modification include that no indication for long-term use. The patient is s/p complex reconstruction of patellar tendon utilizing Marlex mesh, tibial insert exchange, and application of long-leg cast on 3/25/14. It was also noted that the patient was s/p chronic left patellar tendon rupture, s/p revision left knee replacement, s/p left proximal tibial osteotomy. 5/12/14 left knee x-rays revealed cemented, constrained left total knee arthroplasty, with no hardware complications and lateral plating of the proximal mid patella, with unchanged fracture of the third screw. It should be noted that Carisoprodol is part of the patient's medications since at least November of 2013. 4/21/14 pain management report identified back pain radiating to both legs, lower backache, and left knee pain. The patient was in a full leg cast until at least 6/25/14. The patient stated that while the pain is increased, the medications have been managing it. The patient wanted to decrease Kadian further. Medications included Cymbalta, Lexapro, Alprazolam, Nuvigil, Topiramate, Carisoprodol, Norco, Kadian ER, and Oxycodone. On exam, the patient appeared in mild pain. Lumbar spine ROM was decreased, there was tenderness of the paravertebral muscles, positive facet loading, positive FABER test, tenderness over left SI joint. Left knee not tested due to cast. Right knee with mild effusion, tenderness to palpation, and positive McMurray. Sensory examination was decreased on right lateral leg and the first 2 toes of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #120 with 1 refill for the purpose of weaning to discontinue, with a reduction 10% per week over a weaning period of 2-3 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drug Enforcement Administration (DEA) Federal Register (76 Fed. Reg. 77.330).

Decision rationale: CA MTUS states that SOMA is not recommended. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. The patient had been on this medication of an apparent prolonged period of time. While discontinuation of Soma is indicated, doing so in an abrupt manner would not be appropriate. There had been a prior determination for 120 tabs with no refills, however this would not provide enough tablets for weaning in the additional months. In this context, the request for Carisoprodol 350 mg #120 with 1 refill for the purpose of weaning to discontinue, with a reduction 10% per week over a weaning period of 2-3 months is reasonable to follow a weaning schedule. The request is medically necessary.