

Case Number:	CM14-0183187		
Date Assigned:	11/07/2014	Date of Injury:	11/06/1991
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 male with date of injury of 11/06/1991. The list of diagnoses from 10/14/2014 are knee/lower leg degenerative joint disease (DJD) arthritis; muscle spasm; internal derangement of the knee; hemarthrosis of the lower leg; and knee/lower leg pain. According to this report the patient complains of chronic bilateral knee pain. He has a history of meniscal tears and osteoarthritis. The patient is status post multiple knee arthroscopies bilaterally, date unknown. His medications continue to "take the edge off" his pain by over 50% and improves his ability to function in his activities of daily living (ADLs) such as walking and standing. He takes soma for muscle spasms. The patient reports his pain level at a rate of 9/10. The examination shows motor strength is grossly normal. Gait is mildly antalgic. Scattered trigger points/spasms in the hamstrings and quads bilaterally. There is tenderness in the superior joint line of the lateral aspect of his knees bilaterally. The documents include progress reports from 05/27/2014 to 10/14/2014. The utilization review denied the request on 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with bilateral knee pain. The provider is requesting Soma 350mg quantity 120. The MTUS Guidelines page 29 on Carisoprodol (Soma) states that it is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule IV controlled substance). The records show that the patient was prescribed Soma on 05/27/2014. Soma is not indicated for long-term use based on the MTUS guidelines. Therefore, the request is not medically necessary.