

Case Number:	CM14-0195753		
Date Assigned:	12/03/2014	Date of Injury:	03/26/2004
Decision Date:	01/20/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 53-year-old male with a date of injury of 03/26/2004 and the mechanism of injury was not provided. His diagnoses included left knee internal derangement, left ankle and foot plantar fasciitis, and status post total right knee replacement. Past treatments include medications and therapy. No diagnostic studies were included with the medical records. His surgical history included right total knee revision 4/28/2011. On 10/27/2014, the injured worker reported complaints of continued cramping in both legs at night. He stated his pain without the Soma (Carisoprodol) was 7.5/10 and with the Soma it was 5/10. Upon physical examination, it was noted tenderness to the left knee to the lateral patellofemoral joint and medial patellofemoral joint. Crepitus is not present, positive medial McMurray's test, and positive Apley's test. The right knee range of motion revealed flexion 70 degrees, extension 15 degrees, with tenderness throughout the knee. The left ankle/foot exam revealed tenderness present at the plantar fascia with normal range of motion at the ankle. His medications include Soma and Norco. The treatment plan is to continue the medications and also request authorization for 1 year gym membership. The request is for refill for carisoprodol 350 mg quantity 120. There was no Request for Authorization form in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Carisoprodol 350 mg Qty 120: Upheld

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

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

Decision rationale: The request for refill of Carisoprodol 350 MG Qty 120 is not medically necessary. The patient has continued knee pain. The California MTUS Guidelines do not recommend carisoprodol, also known as Soma, for long term use. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate, a scheduled 4 controlled substance. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol, (2) use to prevent side effects of cocaine, (3) use with tramadol to produce relaxation and euphoria, (4) as a combination with hydrocodone, as an effect that some abusers claim is similar to heroin, referred to as a "Las Vegas Cocktail," and (5) as a combination with codeine, referred to as "Soma Coma". According to clinical documentation submitted, the patient has been prescribed the medication regimen Norco (Hydrocodone) and Soma since at least 04/2013. The guidelines indicate Soma (carisoprodol) is to be indicated for no longer than a 2 to 3 week period, and documentation shows the injured worker has been receiving the medication regimen for almost 2 years. As submitted the request failed to address the frequency of the medication. As such, the request for refill of Carisoprodol 350 mg Qty 120 is not medically necessary.