

Case Number:	CM15-0002569		
Date Assigned:	01/13/2015	Date of Injury:	10/24/2001
Decision Date:	03/09/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 54 year old male who sustained an industrial injury on 10/24/01. The injured worker reported symptoms in the bilateral knees. The diagnoses included osteoarthritis, localized, primary, lower leg. Treatments to date have included cortisone injections, neoprene over the counter patella stabilizer and activity restrictions. PR2 dated 12/19/14 noted the injured worker presents with right knee decreased range of motion and right knee joint tenderness also noting the previous cortisone injection "only helped him one day". The treating physician is requesting Soma 350mg #60 plus 3 refills and a supporter brace. On 12/19/14, Utilization Review non-certified a request for Soma 350mg #60 plus 3 refills and a supporter brace. The MTUS, ACOEM Guidelines,(or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg # 60, three refills: Upheld

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.

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The poor documentation does not provide any rational justification for continuing this medically inappropriate medication. The number of tablets and refills prescribed is completely inappropriate and would give the patient almost 4months of unmonitored use of a potentially addictive, dangerous and not-recommended medication. Soma is not medically necessary.

Supporter Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 314. Decision based on Non-MTUS Citation Knee and Leg

Decision rationale: This request is for bilateral Unloader braces for knees. As per MTUS ACOEM guidelines, knee braces may have utility in situations where there is knee instability although it appears mostly psychological and is only recommended during situations of load to the knees such as climbing ladders or carrying heavy loads. This recommendation is only for general knee brace and not for an unloader brace. As per Official Disability Guidelines unloader brace may be recommended in medial compartment osteoarthritis as it may help with pain. Documentation shows significant osteoarthritis with likely need for total knee replacement in the future. Patient has worsening pain that is not improving and the use of Unloader brace may be beneficial. Unloader brace is medically necessary.