

Case Number:	CM15-0003395		
Date Assigned:	02/25/2015	Date of Injury:	07/06/2011
Decision Date:	04/14/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male who sustained an industrial injury on 7/6/11. The injured worker reported symptoms in the back, bilateral knees and right foot. The diagnoses included thoracolumbar sprain/strain, disc herniation, right knee contusion, compensatory left knee pain, left knee strain secondary to gait impairment, worsening and right foot pain. Treatments to date include oral pain medications, left knee brace and activity modification. In a progress note dated 11/21/14 the treating provider reports the injured worker was with "persistent pain in the lower back which he rates at 9/10...radiates down to his left thigh with weakness and numbness...pain in the left knee is at 8/10, right knee is at 6/10, right foot is at 2/10..." On 12/11/14 Utilization Review non-certified the request for Soma (carisoprodol) 350 milligram tablet #60 SIG: 1 tab per oral every 8 hours as needed. 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 (Caisoprodol) 350mg tab #60 SIG: 1 tab PO every 8 hours PRN: 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 Soma
Page(s): 29.

Decision rationale: The patient presents with lumbar spine, bilateral knee and right foot pain. The current request is for Soma (Caisoprodol) 350mg tab #60 SIG: 1 tab PO every 8 hours PRN. The treating physician states, "The pain is made better with rest. The patient takes Tramadol which helps his pain from 9/10 down to 5-6/10 as well as the Soma which helps his pain from 9/10 down to 5-6/10 and allows him to walk for an hour as opposed to half hour without having to stop secondary to pain." (B.14) The MTUS guidelines are very clear regarding Soma which states, "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. In this case, the patient has been prescribed the current request since at least 08/29/14 according to the reports submitted and reviewed, which is far beyond the time framed allowed by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.