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| <b>Case Number:</b>   | CM15-0004220 |                              |            |
| <b>Date Assigned:</b> | 01/15/2015   | <b>Date of Injury:</b>       | 10/11/2011 |
| <b>Decision Date:</b> | 03/10/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old female, who sustained a work related injury on 10/11/11. The diagnoses have included mechanical back pain and internal derangement of left knee. Treatment to date, has included oral medications, physical therapy, a home exercise program, and left knee surgery. Per the PR-2 dated 11/18/14, the injured worker complains of inability to "carry on" after meds, after working daily. "Knee is OK - occasional ache." There is tenderness in spine and tenderness of left knee. On 12/9/14, Utilization Review non-certified a prescription request for Soma, noting there was no documentation of how this medication was relieving pain, monitoring of appropriate use of the medication or functional improvement. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol Section Page(s): 29 and 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**Decision rationale:** The injured worker sustained a work related injury on 10/11/11. The medical records provided indicate the diagnosis of mechanical back pain and internal derangement of left knee. Treatment to date, has included oral medications, physical therapy, a home exercise program, and left knee surgery. The medical records provided for review do not indicate a medical necessity for Soma. The MTUS does not recommend the use of carisoprodol (SOMA) for more than 2-3 weeks; but the record indicates the injured worker has been on this medication for at least six months. The requested treatment is not medically necessary and appropriate.