

<b>Case Number:</b>	CM15-0016693		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/06/2007
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58 year old female, who sustained an industrial injury on 2/6/2007. The mechanism of injury was not provided for review. Diagnoses include status post left and right knee arthroscopy, leg length discrepancy and right and left knee osteoarthritis. Treatments to date include surgery, physical therapy, home exercise and medication management. A progress note from the treating provider dated 12/22/2014 indicates the injured worker reported bilateral knee pain. On 1/12/2015, Utilization Review non-certified the request for Soma 350 mg #60, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, 29, 124.

**Decision rationale:** Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing depression that was improved with medication and pain in both knees. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. Further, there was no discussion suggesting a recent flare-up of long-standing lower back pain, detailing decreased pain or increased function with the use of this medication, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of Soma (carisoprodol) 350mg is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.