

Case Number:	CM15-0141227		
Date Assigned:	07/31/2015	Date of Injury:	06/16/2014
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 78 year old male, who sustained an industrial injury on 6-16-2014. Diagnoses include degenerative joint disease right knee and medial meniscus tear right knee. Treatment to date has included medications, modified work and diagnostics. Per the Primary Treating Physician's Progress Report dated 5-27-2015, the injured worker reported ongoing discomfort and pain in the right knee with associated weakness in the leg. He rates his pain as 6 out of 10 with rest and 8 out of 10 with activity. He requests medication to help him sleep at night which is his main concern. Physical examination of the right knee revealed a trace effusion with tenderness to palpation over the patellofemoral compartment and medial joint line. Range of motion was 0-115 degrees with 5 out of 5 strength in flexion and extension. The knee was stable upon examination. The plan of care included medication management and authorization was requested for Soma 350mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section, Weaning of Medications Section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. In this case, there is no history of muscle spasm or acute exacerbation of pain that would warrant the use of Soma in this injured worker. The request for Soma 350mg #30 is determined to not be medically necessary.