

Case Number:	CM15-0142001		
Date Assigned:	07/31/2015	Date of Injury:	10/25/2013
Decision Date:	09/04/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/22/2015

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 40 year old male who sustained an industrial/work injury on 10-25-13. He reported an initial complaint of right knee pain. The injured worker was diagnosed as having derangement of meniscus, sprain of medial collateral ligament, plica syndrome, chondromalacia of patella, and joint pain. Treatment to date includes medication, physical therapy, surgery (arthroscopy) for right knee meniscal tear repair. Currently, the injured worker complained of continued improvement with medication and therapy. Per the primary physician's report (PR-2) on 7-6-15, exam noted poor range of motion, the portals were clean and dry, soft tissue swelling and ecchymosis, tenderness to palpation at the medial/lateral joint line, and no evidence of muscle spasm. The requested treatments include Soma Tab 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma Tab 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 63-66.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Soma Tab 350mg. The treating physician report dated 2/25/15 (34C) states, "The is currently taking Norco and Soma, which we will refill today." The requesting treating physician report dated 6/29/15 (27C) provides no rationale for the current request. The MTUS guidelines page 29 states the following for Carisoprodol (Soma): "Not recommended. This medication is not indicated for long-term use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking Soma since at least 2/25/15. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. Furthermore, Soma is not recommended as outlined on page 29. Additionally, the current request does not specify a quantity of Soma to be prescribed to the patient and the MTUS guidelines do not support an open ended request. The current request is not medical necessary.