

<b>Case Number:</b>	CM15-0144265		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	01/16/2007
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: 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 68 year old male, who sustained an industrial injury on 1-16-07. Initial complaints were not reviewed. The injured worker was diagnosed as having mild to moderate diffuse spondylolisthesis lumbar spine; left knee mild osteoarthritis of the medial compartment; left knee medial and lateral meniscus tear, chondromalacia patella femoral condyle, osteophytes and Baker's cyst. Treatment to date has included status post right total knee replacement (12-9-13); physical therapy; status post Left knee arthroscopy partial menisectomy and chondroplasty (6-25-15); urine drug screening; medications. Diagnostics studies included MRI left knee (3-13-15). Currently, the PR-2 notes dated 6-16-15 indicated the injured worker is pending his orthopedic surgery underlying coronary artery disease. In review of his last records, the provider documents, the injured worker did have an abnormal perfusion scan last year given that he has having more pain and requires orthopedic surgery but has an issue with cardiac clearance. He has a cardiac history that includes coronary artery disease with stent placement; hypertension; hyperlipidemia. He is to undergo stress testing and an echocardiography for his cardiac clearance. He will be re-evaluated in 2 weeks post stress test and should have surgery the next week if his stress test is normal. A left knee arthroscopy partial menisectomy and chondroplasty was authorized and scheduled on 6-25-15. That operative record was submitted for this review. Objective findings documented by the provider note left knee showed medial joint line and medial patella facet tenderness with +1 crepitus and a positive McMurray's. Active range of motion notes left knee is limited. The providers treatment plan include prescriptions for Norco 10-325mg 1 every 6 hours and Soma 350mg one twice a day. He also noted the Opioid

Treatment agreement was reviewed and a Urine Drug Screening is to be performed on the next visit. The provider is requesting authorization of Soma 350mg #40.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with left knee pain rated 6/10. The request is for SOMA 350MG #40. The request for authorization is not provided. The patient is status post left knee arthroscopy, 06/25/15. MRI of the left knee, 03/13/15, shows Grade III tear of the posterior horn of the medial meniscus. Physical examination of the left knee reveals wounds are healing well and are clean and dry. There is no sign of infection. There is minimal swelling. Active range of motion is reduced. Patient is to start physical therapy for left knee post operative rehab. Patient is to continue current medication. Patient's medications include Norco, Soma and Celebrex. Per progress report dated 07/06/15, the patient is retired and P&S with exacerbation. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per progress report dated 07/06/15, treater's reason for the request is "for his post operative pain." MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 12/03/14. The request for additional Soma #40 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.