

Case Number:	CM15-0148517		
Date Assigned:	08/11/2015	Date of Injury:	05/09/2014
Decision Date:	09/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 5-9-2014. The mechanism of injury was hitting her back on a steel table and falling to her knees. The injured worker was diagnosed as having contusion and pain in the bilateral knees and lumbar contusion. There is no record of a recent diagnostic study. Treatment to date has included left knee arthroscopy, physiotherapy, acupuncture, therapy, and medication management. In a progress note dated 7-8-2015, the injured worker complains of bilateral knee pain. Physical examination showed left knee swelling, pain and tenderness and pain with movement of the bilateral knees. The treating physician is requesting Soma 350 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), p29 Page(s): 29.

Decision rationale: The claimant sustained a work-related injury in May 2014 and is being treated for bilateral knee pain. When seen, there was pain with knee range of motion and left knee swelling. There was a guarded, antalgic gait. There were occasional muscle spasms. Her BMI was over 30. Soma was refilled and had been prescribed since at least February 2015. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.