MAXIMUS Federal Services

Case Number:	CM15-0149167		
Date Assigned:	08/12/2015	Date of Injury:	12/21/2000
Decision Date:	09/09/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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: Family Practice

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 45-year-old male, who sustained an industrial injury on 12-21-2000. The injured worker was diagnosed as having unspecified internal derangement of the knee. Treatment to date has included diagnostics, bracing, and medications. Currently, the injured worker reported no new complaints of right knee pain. His right knee pain was moderate to severe, depending on his activity level. He was wearing a knee brace to minimize swelling. He worked approximately 24 hours per week. With medication use he reported reduced pain and increased function. His pain was rated 4-5 out of 10 on average and 9 out of 10 without medications. Medications included Neurontin, Norco, and Soma. No significant side effects or issues with misuse or diversion were noted. Exam of the right knee noted lateral and medial malalignment. Tenderness to palpation was noted over the medial joint line and patella. McMurray's test was positive. Mild instability was noted. Medication refills were recommended. The use of Norco and Neurontin was noted since at least 1-2015 and Soma since 3-2015. Pain levels were consistent for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #15 with 1 refill: 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.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Soma (carisoprodol) as a treatment modality. These MTUS guidelines state the following: Carisoprodol is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as a"Soma Coma"). In this case, the records indicate that Soma is being used as a long-term treatment strategy for this patient's symptoms. Further, it is being used in combination with an opioid, a combination that is unsafe, per the above-cited MTUS guidelines. There is insufficient justification in the medical records to support ongoing use. In the Utilization Review process, the request for Soma was modified to allow for a supply sufficient to support weaning. This action is consistent with the MTUS guidelines. Soma #15 with 1 refill is not medically necessary.