Case Number:	CM15-0163229		
Date Assigned:	08/31/2015	Date of Injury:	06/29/2000
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This is a 73-year-old female who sustained an industrial injury on 06-29-2000 due to cumulative trauma. Diagnoses include status post left knee arthroscopic surgery; status post left total knee replacement; and gastritis. Treatment to date has included medications and home exercise. According to the progress report dated 7-9-2015, the IW (injured worker) reported constant left knee pain rated 8.5 to 9 out of 10, improved with Duragesic patches. She stated the heavy narcotics she took in the past did not work for her due to side effects; she complained of a sensitive stomach. On examination, she walked with the assistance of two single point canes and her gait pattern was somewhat wobbly. She could not heel-toe walk. There was slight swelling in the left knee and she was lacking flexion and extension. There was tenderness in the medial aspect of the left knee and some atrophy of the quads. Anterior and posterior drawer sign and Lachman maneuver was negative. Gross stability of the knee was satisfactory at full extension and 30 degrees of flexion to varus and valgus stress testing. A request was made for Soma 350mg, #30 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma tab 350 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 63.

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

Decision rationale: Based on the 7/9/15 progress report provided by the treating physician, this patient presents with left knee pain rated 8.5-9/10 but "with the help of patches it is somewhat manageable." The treater has asked for Soma Tab 350 Mg, Thirty Count on 7/9/15. The request for authorization was not included in provided reports. The patient has difficulty with oral medication as her stomach is sensitive per 7/10/15 report. The patient states that heavy narcotics do not work for her due to side effects, but is happy to use Duragesic patches per 7/10/15 report. The patient is taking Lovastatin, Levothyroxine, Lisinopril, Carvedilol, Spironolactone, Fluticasone Proponate, Frusemide, and Potassium per 6/4/15 report. The patient states left knee pain is underneath in the patellar area and gets aggravated by prolonged walking per 6/4/15 report. The patient's work status is "closed-case with open future medical care" per 7/10/15 report. MTUS Muscle relaxants section pg. 63-66: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. 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. The treater does not discuss this request in the reports provided. Soma is not mentioned in any of the provided reports. Utilization review letter dated 7/23/15 states that this patient previously used Soma "since 2014" and modifies request to #20 for tapering. In this case, MTUS does not support long-term use of Soma, beyond a 2 to 3 week period. The patient has previously used Soma on a long-term basis, and the current request for #30 exceeds what is recommended by MTUS. This request is not medically necessary.