

Case Number:	CM15-0181801		
Date Assigned:	09/23/2015	Date of Injury:	10/04/2013
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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: North Carolina

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 54 year old female who sustained an industrial injury on 10-4-2013. A review of medical records indicates the injured worker is being treated for left knee, ACL tear, meniscal tears, status post arthroscopy with ACL reconstruction and meniscectomy. A review of medical records dated 8-10-2015 noted pain to the left knee status post-surgery and bilateral hand pain. Pain was rated a 9 out 10 with medications and a 10 out 10 without medications. Medical record dated 7-13-2015 noted pain a 9 out 10. Examination of the left knee revealed well healed surgical incisional sites without infection. There was mild effusion present. There was tenderness about the medial and lateral joint line. There is mild tenderness to the volar surface bilaterally. Treatment has included medications. X-rays of the lumbar and cervical spine shows degenerative disc disease. MRI of the lumbar spine revealed L2-3 and L4-5 disc bulge with neural foraminal narrowing and facet joint arthropathy. Further evaluation included a MRI of the knee dated 10-15-2014. Utilization review form dated 9-9-2015 noncertified Soma 350 mg # 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic knee pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.