

Case Number:	CM15-0183645		
Date Assigned:	09/24/2015	Date of Injury:	05/16/2005
Decision Date:	10/29/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/18/2015

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 71-year-old female, with a reported date of injury of 05-16-2005. The diagnoses include low back pain, cervical pain, right shoulder pain, and right knee pain. Treatments and evaluation to date have included Ibuprofen, Soma (since at least 02-2015), Norco, Neurontin, Lidoderm patch, right knee laparoscopic surgery in 2007, right knee intra-articular injection on 08-06-2015, and right shoulder injection on 01-29-2015. The diagnostic studies to date have included a urine drug screen on 07-20-2015 which was positive for Norco; and a urine drug screen on 03-12-2015 with negative findings. The medical report dated 09-10-2015 indicates that the injured worker had right shoulder pain and right knee pain. She rated her pain 7 out of 10 with medications, and 10 out of 10 without medications. It was noted that there were no new problems or side effects. It was also noted that her quality of sleep was poor. She stated that the medications were working well; and she was able to perform her activities of daily living and increase her activity with the help of medications. The injured worker took Soma 350mg, one at bedtime as needed. The injured worker stated that the CURES report dated 07-10-2014 was "consistent and appropriate"; and the urine drug screen dated 04-30-2012 was "inconsistent". According to the medical report, the injured worker underwent an MRI of the right knee on 12-06-2011 which showed a previous partial posterior horn medial meniscectomy, moderate to severe degenerative osteoarthritis of the medial knee compartment with grade 3-4 changes of chondromalacia inferior aspect medial femoral condyle and degenerative-type changes of the patellofemoral and anterior aspect of the distal tibia; an x-ray of the right shoulder on 09-15-2009 with normal findings; and an MRI of the right shoulder on 09-15-2009 with

postoperative findings. The objective findings include restricted range of motion of the cervical spine due to pain; tenderness of the bilateral cervical paravertebral muscles; restricted lumbar range of motion; tenderness to palpation of the lumbar paravertebral muscles; positive lumbar facet loading on the right side; positive straight leg raise test on the right at 45 degrees; restricted right shoulder flexion limited to 90 degrees; extension of the right shoulder limited to 10 degrees; tenderness to palpation in the right acromioclavicular joint, subdeltoid bursa, and right deltoid; popliteal fossa swelling and medial swelling of the right knee; tenderness to palpation over the right medial joint line and patella; pain with valgus and varus stress testing; and moderate effusion in the right knee joint; and limited range of motion of the right knee due to pain. The treatment plan included a refill of medications. It was noted that the injured worker was permanent and stationary, and she was currently not working. The treating physician requested Soma 350mg #60. On 09-16-2015, Utilization Review (UR) non-certified the request for Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2005 P&S injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350 mg #60 is not medically necessary or appropriate.