

<b>Case Number:</b>	CM15-0195930		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/03/1989
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 male, who sustained an industrial injury on May 3, 1989, incurring left knee injuries. He was diagnosed with derangement and a tear of the left medial meniscus, sprain of the medial ligament of the left knee and osteoarthritis. Treatment included cortisone injections, Synvisc injections with good relief of pain, pain medications, sleep aides, work modifications and activity restrictions. He underwent left knee arthroscopic surgery. Currently, the injured worker complained of persistent pain in the knee increased with activities of kneeling, squatting, walking and stair climbing. He was diagnosed with bilateral sub patellar facet tenderness worse on the left than the right. He was noted to have full range of motion of the left knee but was only able to do about 25% squatting with increased pain in his work duties. The treatment plan that was requested for authorization on October 5, 2015, included retrospective prescriptions for Tylenol 3 #60 and Soma 350 mg #50. On September 15, 2015, a request for prescriptions for Tylenol 3 and Soma was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Tylenol No. 3 #60 (DOS: 03/10/15; 04/22/15; 05/28/15; 06/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Codeine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for osteoarthritis. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80; opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support use of narcotics. There is no documentation to support failure of trial of non-opioid analgesics for pain control. Therefore the guidelines have not been met and the request is not medically necessary.

**Retrospective: Soma 350mg #50 (DOS: 03/10/15; 03/27/15; 04/22/15; 05/28/15): Upheld**

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

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

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. 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 Soma Coma). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) (Owens, 2007) (Reeves, 2012) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. In this case, the exam notes form does not demonstrate prior dosages and response to Soma. The guidelines do not recommend long term use or combination therapy with codeine. The exam notes do not document any muscle spasm. Therefore the request is not medically necessary.