

<b>Case Number:</b>	CM15-0202118		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 62 year old female, who sustained an industrial injury on 07-13-2001. A review of the medical records indicates that the worker is undergoing treatment for internal derangement of knee, lumbar spine neuritis or radiculitis, knee strain and sprains and strains of lumbar region. The documentation submitted is minimal. Subjective complaints (06-16-2015) included 7-9 out of 10 pain bilateral leg pain, fatigue, unexplained weight gain, disturbed sleeping habits, night sweats, teeth grinding, issues with stress and pain. Objective findings (06-16-2015) included bilateral knee crepitus, tenderness to palpation in the lumbar quadratus gluteal medius and peri-trochanteric regions bilaterally and medial joint line bilaterally, trigger points palpated in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally, pain limited range of motion for flexion and extension 50% normal and decreased sensation to light touch noted in medial legs bilaterally. Treatment has included Soma (start date unclear), physical therapy and transcutaneous electrical nerve stimulator (TENS). The physician noted that the worker had frequent flare-ups of muscle spasm and pain and was more functional with medication than without. The worker was noted to have functional deficits in terms of sitting, standing, walking, lifting, pushing pulling, bending at the waist and bending at the knees. A utilization review dated 09-16-2015 non-certified a request for Soma 350 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Carisoprodol (Soma).

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

**Decision rationale:** The patient was injured on 07/13/01 and presents with low back pain radiating down the legs into the feet and right elbow pain with numbness. The request is for SOMA 350 MG #60. There is no RFA provided and the patient's current work status is not provided either. The patient has been taking this medication as early as 06/16/15. MTUS Guidelines, Muscle Relaxants Section, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2 to 3 week period." This has been noted for sedated and relaxant effects. The patient has bilateral knee crepitus, tenderness to palpation in the lumbar quadratus gluteal medius and peri-trochanteric regions bilaterally and medial joint line bilaterally, trigger points palpated in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally, a limited and painful range of motion, and decreased sensation to light touch noted in medial legs bilaterally. She is diagnosed with internal derangement of knee, lumbar spine neuritis or radiculitis, knee strain and sprains and strains of lumbar region. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, the request is for 60 tablets which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Furthermore, the patient has been taking Soma as early as 06/16/15. The requested Soma IS NOT medically necessary.