

Case Number:	CM15-0206943		
Date Assigned:	10/23/2015	Date of Injury:	02/05/1999
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency Medicine

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 2-5-1999. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back and bilateral lower extremity pain, chronic left knee pain with multiple prior surgeries, and compensatory overuse right knee pain. On 9-28-2015, the injured worker reported bilateral low back pain with radiating symptoms in both lower extremities down to the bottom of her feet, with legs occasionally giving out causing her to fall, left knee pain just under the knee cap that swells at times and locks up, rating her low back pain at 5 out of 10 and her left knee pain at 4-5 out of 10. The Primary Treating Physician's report dated 9-28-2015, noted the injured worker's current medications were Soma and Norco, and that without medications her pain level was 9 out of 10 and with medications the pain was 5 out of 10, able to do some vacuuming, cooking, and participates with some church activities with medications, unable to do much at all without medications. The physical examination was noted to show the lumbar spine with reduced range of motion (ROM), tenderness to palpation diffusely throughout the lower lumbar area bilaterally. The injured worker's left knee was noted to have increased pain with patellar ballottement and palpation around the knee joint. The treatment plan was noted to include request for authorization for a short course of physical therapy, and medications prescribed of Norco and Soma. The injured worker's work status was noted to be currently not working. The request for authorization dated 10-6-2015, requested Soma 350mg #120 with 2 refills. The Utilization Review (UR) dated 10-12-2015, modified the request for Soma 350mg #120 with 2 refills with certification of Soma 350mg #90 with zero refills and non-certification of remaining refills of Soma 350mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 with 2 refills: 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): Carisoprodol (Soma).

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. The poor documentation does not provide any rational justification for continuing this medically inappropriate medication. The number of tablets with multiple refills is not appropriate and not safe. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.