

Case Number:	CM15-0208217		
Date Assigned:	10/27/2015	Date of Injury:	09/29/2012
Decision Date:	12/10/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Tennessee
 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 42 year old female, who sustained an industrial injury on 9-29-2012. The injured worker is undergoing treatment for status post right knee surgery, deep vein thrombosis (DVT), right knee pain, right knee strain-sprain and right knee meniscus tear. Medical records dated 7-30-2015 and 9-22-2015 indicate the injured worker complains of right knee pain and weakness. The treating physician indicates Ultram improves activities of daily living (ADL), self-care and dressing by 50% and Norco provides 60% improvement. Physical exam dated 9-22-2015 notes right knee tenderness to palpation, edema, locking, buckling and decreased strength. Treatment to date has included Naprosyn, Protonix, Norco, Tramadol, Oxycontin, Dilaudid, Morphine, activity alteration and therapy. The original utilization review dated 10-2-2015 indicates the request for Ultram ER 100mg #30 with 1 refill is certified and Soma 350mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

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

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

Decision rationale: Soma is the muscle relaxant carisoprodol. Carisoprodol is not recommended. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, tramadol, hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. The request should not be authorized. In this case the patient was prescribed Soma in September 2015. Soma is not recommended. The request should not be authorized. Therefore, the requested treatment is not medically necessary.