

Case Number:	CM15-0220050		
Date Assigned:	11/13/2015	Date of Injury:	03/09/2008
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female, who sustained an industrial injury on March 09, 2008. The injured worker was diagnosed as having status post left above the knee amputation, right tibial plateau fracture status post open reduction internal fixation, right knee sprain, right lower extremity degloving injury status post muscle graft from the lower abdomen, right ankle sprain, post traumatic stress syndrome, dental hypersensitivity, and hypertension. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, at least 6 sessions of deep tissue myofascial therapy, use of a gym, use of prosthetic, use of a bent cane, and use of a compression stocking to the right leg. In a progress note dated September 09, 2015 the treating physician reports complaints of phantom pain every three days, along with pain to the back and the right leg due to abdominal gait. Examination performed on September 09, 2015 was revealing for antalgic gait, tenderness to the neck, posterior shoulders, and the low back. The injured worker's medication regimen on September 09, 2015 included the medication Soma (since at least prior to March 03, 2015) that was noted to be "helpful" in controlling the injured worker's phantom pain. The injured worker's pain level on September 09, 2015 was rated a 6 out of 10, but the progress note did not indicate the injured worker's pain level prior to the use of her medication regimen and after the use of her medication regimen to determine the effects with the use of her medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with activities of daily living with the use of her medication regimen. On September 09, 2015 the treating physician requested Soma 350mg

with the quantity of 30 for phantom pain. On October 09, 2015 the Utilization Review determined the request for Soma 350mg with the quantity of 30 to be 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): Carisoprodol (Soma), Muscle relaxants (for pain).

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

Decision rationale: The injured worker sustained a work related injury on March 09, 2008. The medical records provided indicate the diagnosis of status post left above the knee amputation, right tibial plateau fracture status post open reduction internal fixation, right knee sprain, right lower extremity degloving injury status post muscle graft from the lower abdomen, right ankle sprain, post traumatic stress syndrome, dental hypersensitivity, and hypertension. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, at least 6 sessions of deep tissue myofascial therapy, use of a gym, use of prosthetic, use of a bent cane, and use of a compression stocking to the right leg. The medical records provided for review do not indicate a medical necessity for Soma 350mg, #30. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Carisoprodol Soma, is a muscle relaxant that is recommended not to be used for longer than 2-3 weeks. The medical records indicate the injured worker has been using it at least since 03/2015; also, there is no evidence from the medical records that the injured worker is being treated for acute exacerbation of chronic low back pain. The request is not medically necessary.