MAXIMUS Federal Services

Case Number:	CM15-0223949		
Date Assigned:	11/20/2015	Date of Injury:	03/13/2008
Decision Date:	12/30/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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, Oregon, Washington
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 59 year old female, who sustained an industrial injury on 3-13-2008. Diagnoses include osteoarthrosis of knee, meniscus tear, shoulder bursitis, lateral epicondylitis, and medial epicondylitis. Treatments to date include Soma 350mg, one tablet three times daily, prescribed since at least May 2015. On 10-7-15, she complained of ongoing pain in bilateral knees and shoulders. It was noted Soma 350mg was taken three times daily. The physical examination documented bilateral knee tenderness and decreased range of motion. The plan of care included prescriptions to refill Tylenol #3 and Soma. The appeal requested authorization for Carisoprodol 350mg #90. The Utilization Review dated 10-16-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg Qty 90: 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: 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. In this case, the exam note from 10/7/15 does not demonstrate response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long-term use. Therefore, the prescription is not medically necessary.