

Case Number:	CM15-0039795		
Date Assigned:	03/10/2015	Date of Injury:	10/23/2012
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 10/23/2012. Initial complaints reported included left knee pain. The initial diagnoses were not provided. Treatment to date has included multiple MRIs of the knees, conservative care, medications, physical therapy, and arthroscopic surgeries. Currently, the injured worker complains of left knee pain with increased ease with walking and improved stability although there is continued intermittent buckling of the left knee. The current diagnoses include left knee, medial and lateral meniscus tears, status post arthroscopic surgery. The treatment plan includes continued post-operative physical therapy, and continued medications. In the case of this worker, muscle relaxants were being used on a chronic basis leading up to this request for Soma. There was insufficient evidence found in the documentation to support the use of Soma on a chronic basis as an exception to the Guidelines. Therefore, the Soma will be considered medically unnecessary. Weaning may be indicated.

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 Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants AND Carisoprodol Page(s): 29, 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol.