

<b>Case Number:</b>	CM15-0039826		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	12/05/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 40 year old female who sustained an industrial injury on 12/05/2007. The mechanism of injury is documented as using a Hoyer lift to move a client out of a bed. She pivoted and injured both knees. She presents on 02/02/2015 for evaluation of bilateral knees. She has a little trouble with the left one going down stairs. She wears hard braces occasionally. The provider documents the injured worker takes Norco and Soma on a regular basis which relieves the effects of her injury and allows her to function at her current level. Treatment to date includes diagnostics, braces and medications. Diagnosis was bilateral knee pain. Medications were requested.

### 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 Treatment Guidelines Opioids Page(s): 80.

**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. In the case of this worker, although she reported not being able to tolerate NSAIDs, taking muscle relaxants, such as Soma, on a chronic basis is not recommended as she has been using them. There was no supportive evidence found in the documentation provided to suggest her case is an exception to this recommendation. Therefore, the Soma will be considered medically unnecessary to continue. Weaning may be indicated.