

Case Number:	CM15-0048190		
Date Assigned:	03/20/2015	Date of Injury:	11/23/2013
Decision Date:	05/06/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained an industrial injury on November 23, 2013. The injured worker had reported a left knee injury. The diagnoses have included left knee osteoarthritis, left medial meniscus tear, left knee effusion, left knee synovitis, left knee anterior cruciate ligament degeneration and chronic pain syndrome. Treatment to date has included medications, radiological studies, ice treatment, injections and a home exercise program. Current documentation dated February 5, 2015 notes that the injured worker reported left knee pain and a catching sensation at times. The injured worker was taking the muscle relaxant Soma for acute flare-ups of muscle spasms and difficulty with sleeping due to pain. Physical examination of the left knee revealed diffuse joint line tenderness to palpation, mild swelling and a decreased range of motion. Special orthopedic testing of the left knee was positive. The treating physician's plan of care included a request for the muscle relaxant Soma.

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 Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma
Page(s): 29.

Decision rationale: Per MTUS CPMTG (p.29), is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The progress note dated March 5, 2015 includes a prescription for the continued usage of soma. As this medication is not recommended by MTUS, it is not medically necessary.