

<b>Case Number:</b>	CM15-0048745		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/25/1996
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 64-year-old female patient, who sustained an industrial injury on 01/25/1996. A primary treating office visit dated 01/28/2015, reported subjective complaint of moderate pain in the right knee accompanied by weakness and swelling. She reports going to physical therapy and that is has been helping with the pain and range of motion. Her prior medical history is to include hypercholesterolemia, anxiety disorder, hypertension, thyroid disease, arthritis and seasonal allergy. The following medications are prescribed: Norco 10/325mg, Soma, Synthroid, Benicar, Dexellant, Ibuprophen and Probiotic. Physical examination found the right knee active motion is full extension and 110 degrees of flexion. Diagnostic radiography taken that day revealed prosthetics are in good alignment without evidence of loosening. She is diagnosed with degenerative arthritis of the right knee; status post total knee replacement, right. The plan of care involved continuing with medication Soma, change Norco to 10/325mg one tab every 12 hours #60, and follow up in two weeks. Recommending extension of temporary total disability for the next 6.5 weeks, she continues with retirement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guideline, Soma.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

**Decision rationale:** MTUS states regarding Crisoprodol, "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. ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." It is unclear how long this patient has been taking Soma and the original date of injury dates to 1996. Medical documentation provided does not indicate objective findings of muscle spasms. The treating physician does not detail circumstances that would warrant usage of Soma beyond guideline recommendations. As such, the request for Soma 350mg QTY: 90.00 is not medically necessary.