

Case Number:	CM15-0053776		
Date Assigned:	03/27/2015	Date of Injury:	11/06/1991
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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(n) 52 year old male, who sustained an industrial injury on 11/6/91. He reported pain in the bilateral knees. The injured worker was diagnosed as having knee degenerative joint disease, knee derangement, muscle spasm and lower leg hemarthrosis. Treatment to date has included knee surgeries, knee x-rays, intraarticular joint injection and pain medication. As of the PR2 dated 3/4/15, the injured worker reports chronic 9/10 bilateral knee pain. He indicated he can only get out of bed for short periods of time due to knee pain and muscle spasms. The treating physician noted crepitus and tenderness in both knees. The treating physician requested to continue Soma 350mg, as the injured worker cannot tolerate NSAIDs due to GI upset and a history of asthma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, page 29, page 124.

Decision rationale: Soma (carisoprodol) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in both knees and problems sleeping. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. These records reported the worker had used this medication for at least several months. Further, there was no discussion suggesting a recent flare-up of long-standing lower back pain or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of Soma (carisoprodol) 350mg without refills is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker.