

Case Number:	CM14-0147839		
Date Assigned:	09/18/2014	Date of Injury:	07/14/2008
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Progress note from 01/21/14 indicates the insured has a history of hypothyroidism, chronic pain, IBS, anxiety and arthritis. The insured was reporting pain in the left medial compartment. Medications are listed as atorvastatin, diazepam, levothyroxine, milnacipran, nortriptyline, oxycodone, oxymorphone, prochlorperazine, senna and zolpidem. Physical examination indicated normal range of motion in the neck. Neurologically was alert and oriented to person, place, time. There was reported to be normal range of motion with no swelling or effusion in the right knee but there was swelling, deformity and abnormal alignment in the left knee. The insured was recommended for partial replacement of the left knee. PR2 from 07/11/13 indicated ongoing chronic pain with reported emotional instability. The insured was reported to continue with pain to a degree that interferes with physical activity. Ongoing medications were listed as Opana, oxycodone, nortriptyline, Ambien CR, Senokot, docusate, prochlorperazine. The condition was listed as chronic bilateral knee pain with degenerative osteoarthritis and pain disorder with psychological condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60: 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 carisoprodol Page(s): 29.

Decision rationale: MTUS guidelines do not support long term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. Therefore, request for Carisoprodol 350mg #60 is not medically necessary.