

Case Number:	CM14-0162683		
Date Assigned:	10/07/2014	Date of Injury:	03/22/2001
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 60-year-old female who reported injury on 03/22/2001. The mechanism of injury was a fall. The injured worker's diagnoses included left knee advanced degenerative joint disease. The injured worker's past treatments included medications, physical therapy, and surgery. The injured worker's diagnostic testing included official x-ray of the left knee and an official MRI of the left knee on 03/24/2014. On the clinical note dated 08/11/2014, the injured worker complained of low back pain on the left rated 7/10, right arm pain rated 8/10, bilateral shoulder pain rated 8/10, neck pain rated 8/10, right hand pain rated 6/10, left knee pain rated 6/10 and right knee pain rated 7/10. On the clinical note dated 05/29/2014, the injured worker had reduced range of motion to both knees. The injured worker's medications included metformin 1000 mg twice a day, lisinopril 10 mg daily, aspirin 81 mg daily, gabapentin 300 mg 3 times a day, Vicodin as needed, and Soma 350 mg as needed. The request was for Soma 350 mg #30. The rationale for the request was not provided. The Request for Authorization form was submitted for review on 09/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The request for Soma 350 mg #30 is not medically necessary. The injured worker is diagnosed with left knee advanced degenerative joint disease. The injured worker complained of bilateral knee pain rated 6/10 to 7/10. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Soma is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. Medical records indicate the injured worker has been using Soma since at least 05/29/2014. The injured worker's medical records lacked documentation of efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication. As such, the request for Soma 350 mg #30 is not medically necessary.