MAXIMUS Federal Services

Case Number:	CM14-0215096		
Date Assigned:	01/02/2015	Date of Injury:	11/12/2001
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 68-year-old female with a date of injury of 11/12/2001. According to progress report dated 06/24/2014, the patient is status post right knee surgery on 09/05/2014. The patient reports feeling better but leg swelling and ankle medial pain continues. Patient is participating in physical therapy 2 times a week. Current medications include acetaminophen, carisoprodol, Diovan, duloxetine, gabapentin, hydrocodone, acetaminophen, Imitrex, lidocaine patches, metoprolol succinate, Mirapex, trazodone, and valsartan. Examination of the right knee revealed venous stasis changes especially in the ankle, with swelling distally. The listed diagnosis is followup surgery NOS. The patient is temporarily totally disabled. Treatment plan is for patient to continue physical therapy. The current request is for Soma 350 mg #100. Utilization review denied the request on 12/03/2014. Treatment reports from 05/27/2014 through 11/10/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

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

Decision rationale: This patient is status post left knee surgery on 09/05/2014. The current request is for Soma 350 mg #100 for the purpose of tapering to cessation by decreasing dosage by 10% every 2-4 weeks. The MTUS Guidelines page 63 regarding muscle relaxants states, recommended nonsedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbation of patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been utilizing Soma as early as 06/24/2014. The MTUS specifically states for Soma, the maximum recommendation for usage is 2 to 3 weeks. The requested Soma 350 mg #100 is not medically necessary.