

Case Number:	CM15-0002273		
Date Assigned:	01/13/2015	Date of Injury:	09/11/2012
Decision Date:	05/29/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: 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 injured worker is a 42-year-old male who reported an injury on 09/11/2012. The mechanism of injury was not provided. His diagnoses included complex regional pain syndrome, anxiety/depression, and internal derangement of the left knee. Past treatments included medications, surgery, and psychological evaluation. His surgical history was noted to include a surgical repair of the right knee, undated. On 11/10/2014, the injured worker was seen for a re-evaluation. He reported continued pain to the right knee with spasms to his hamstring area and increased pain to the left knee and low back with radiating numbness down to his right foot. Physical examination revealed tenderness about the medial and lateral patellofemoral joint line, moderate effusion, positive Apley's test, and McMurray's test elicits pain to medial compartment, and decreased range of motion. Current medications were not noted. The treatment plan included authorization for a follow-up with [REDACTED], a psychology evaluation, authorization to evaluate and treat lumbar spine, and continuation of medications. A retrospective request was received for Soma 350 mg #60. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 29.

Decision rationale: The RETRO request for Soma 350mg #60 is not medically necessary. The California MTUS Guidelines specifically do not recommend the use of carisoprodol. The clinical information indicated that the injured worker was prescribed Soma 350 mg; however, the date the medication was provided was not specified. In addition, there was no documentation with evidence of the duration of use of the medication or a clear rationale for the prescription of the medication. Given the absence of the information indicated above, and as the medication is not recommended according to guidelines, the request is not supported. The retro request for Soma 350mg #60 is not medically necessary.