

<b>Case Number:</b>	CM15-0178710		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 73 year old female, who sustained an industrial injury on 06-29-2000. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for hypothyroidism, high cholesterol, congestive heart failure, and left knee pain. Medical records (06-04-2015 to 07-09-2015) indicate ongoing constant left knee pain, difficulty sleeping, gastrointestinal symptoms, easily angered and withdrawal from family and friends. Although the records do not directly discuss activities of daily living (ADL), there does not appear to be any changes in ADLs as the IW continues use of 2 single point canes. Per the treating physician's progress report (PR), the IW has closed her case with future medical care. The physical exams, dated 06-04-2015 and 07-09-2015, revealed ongoing lack of extension and flexion in the left knee; continued slight swelling of the left knee; continued tenderness throughout the medial side of the knee and continued atrophy of the quads. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications. Previous surgeries include a left knee arthroscopy and total left knee replacement; however, it was not noted if these were related to the workers compensation claim or if they were non-industrial related. Per the PR, dated 07-09-2015, Soma was prescribed. This medication was not listed under current medications on the PR (dated 07-09-2015) and was not listed as a prescription on the previous PR. The current PR and request for authorization (dated 08-05-2015 per the utilization review (UR) letter) were not available for review; however, the UR states that the following medication was requested: Soma 350mg #30. The original UR (08-20-2015) denied the request for Soma 350mg #30 based on the

lack of recommended long-term use and previous recommendations to wean the IW from this medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 1997 and continues to be treated for left knee pain. When seen, medications included Duragesic. She had a history of difficulty with oral medications. Physical examination findings included decreased left a range of motion with medial sided tenderness and quadriceps atrophy. There was slight knee swelling. She was using bilateral canes to ambulate. Soma was prescribed for spasticity. Soma (carisoprodol) is a muscle relaxant, which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, although spasticity is referenced, there were no complaints or physical examination of muscle spasms and the claimant does not have spasticity due to an upper motor neuron condition. Prescribing Soma is not considered medically necessary.