MAXIMUS Federal Services

Case Number:	CM15-0096619		
Date Assigned:	05/27/2015	Date of Injury:	12/05/2006
Decision Date:	06/25/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 46 year old male patient who sustained an industrial injury on 12/05/2006. A primary treating office visit dated 11/06/2014 reported chief complaint of chronic knee pain and reflex sympathetic dystrophy (RSD) lower limb. The patient is with subjective complaint of axial low back pain with severe spasms, and stiffness. He is also with complaint of having stable chronic right sided knee pain. He states the knee pain related to the RSD has improved along with function, mobility and gait. The Xanax is helping with anxiety, motivation and sleep. He also states the Trazadone did nothing good for him. The following diagnoses are applied: complex migraine/ cerebral vascular accident and cardia echocardiogram showed patient foramen, left knee osteoarthritis secondary to trauma, medial meniscus teat, complex regional pain syndrome, ITB syndrome, left, and sleep apnea. Of note, the patient reports the lumbar pain almost resolved status post a lumbar facet injection. Current medications are: Norco 10/325mg Soma, Lyrica, Cymbalta, Ambien, Xanax and Prozac. He is to return for follow p in 4 weeks. The following visit dated 12/04/2014 showed no change in subjective, objective reports, medication regimen, or plan of care. On 04/23/2015 he had a pain management follow up which showed a prior surgical history of right side hernia repair, 04/2007 left knee meniscus repair, and a spinal cord stimulator implant. Previous treatment to include: epidural steroid injection, facet joint injection, ice application, occipital nerve block, physical therapy, RFTC, spinal cord stimulator trial, sympathetic block, and use of a transcutaneous nerve stimulator unit. He is permanently partially disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 30: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma a long time without clear evidence of sustained pain relief and functional improvement. There is no justification for prolonged use of Soma. Therefore, the request for SOMA 350 mg #30 is not medically necessary.