

Case Number:	CM13-0031332		
Date Assigned:	01/10/2014	Date of Injury:	01/26/2011
Decision Date:	03/19/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a Represented [REDACTED] employee who has filed a claim for chronic low back pain, hip pain, facial pain, ear pain, wrist pain, and neck pain reportedly associated with a trip and fall industrial injury of January 26, 2011. An earlier note of June 12, 2013 is notable for comments that the applicant is using extended release Morphine, Norco, Motrin, Soma, and Senna. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; knee surgery; cervical epidural steroid injection therapy; interventional lumbar spine pain block; long and short acting opioids; and muscle relaxants. In a Utilization Review Report of September 30, 2013, the claims administrator approved request for long acting Morphine, Norco, and Senna while denying a request for Soma. The applicant's attorney subsequently appealed. An earlier progress report of August 30, 2013 is notable for comments that the applicant is off work, on total temporary disability, is having heightened neck pain complaints. He has asked to continue physical therapy, consider surgical remedy, and remain off work. Unspecified medications are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines July 18, 2009 Page(s): 29.

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

Decision rationale: As noted on Page 29 of the MTUS Chronic Medical Treatment Guidelines, Carisoprodol or Soma is not "recommended" for chronic pain use purposes, particularly when used in conjunction with opioid analgesics. In this case, the applicant is reportedly using both Morphine and Norco. Adding Carisoprodol or Soma to the mix is not indicated. Therefore, the request is not certified, on Independent Medical Review.