

Case Number:	CM13-0065605		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2013
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/13/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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 patient is a 30-year-old male who reported an injury on 04/01/2012. The mechanism of injury was not provided. The note dated 09/28/2013 indicated the patient's medications included hydrocodone and Carisoprodol/Meprobamate. It was noted the physician performed a GC/MC prescription drug screen to confirm any positive point of care results, and to review the presence or absence of many other clinically significant medications. The medications detected were hydrocodone and hydromorphone. The physician noted that he would perform changes to the prescription drug regimen as needed after discussion and counseling with the patient regarding the prescription drug therapy and to determine, if applicable, possibly causes for any patient noncompliance including patient misuse or diversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol 350mg) Tablet #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Soma (Carisoprodol) 350 mg (tablet) #60 is non-certified. The California MTUS states that Carisoprodol (Soma) is not recommended. This medication is

not indicated for long term use. The records provided for review failed to include documentation of duration, effectiveness, functional improvement, and the occurrence or nonoccurrence of side effects while taking Soma. As such, the request for Soma (Carisoprodol) 350 mg (tablet) #60 is not supported. Therefore, the request is non-certified.