

Case Number:	CM14-0166486		
Date Assigned:	10/15/2014	Date of Injury:	12/16/2009
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, elbow, and low back pain reportedly associated with an industrial injury of December 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; and earlier cervical spine surgery. In a Utilization Review Report dated September 30, 2014, the claims administrator approved a request for Norco and Naprosyn while denying a request for Soma. The applicant's attorney subsequently appealed. In a progress note dated August 4, 2014, the applicant was apparently given refills of Norco, Naprosyn, and Soma. It was suggested that the applicant was Soma twice daily. The applicant did appear to be working status post earlier cervical spine surgery, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol 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 Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is concurrently using Norco, an opioid agent. Addition of Carisoprodol to the mix is not recommended. Therefore, the request is not medically necessary.