MAXIMUS Federal Services

Case Number:	CM14-0185313		
Date Assigned:	11/13/2014	Date of Injury:	05/29/2006
Decision Date:	12/31/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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 pain, chronic low back pain, and an inguinal hernia reportedly sustained in an industrial injury of May 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; long- and short-acting opioids; anxiolytic medications; muscle relaxants; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Soma. The applicant's attorney subsequently appealed. In a progress note dated July 28, 2014, the applicant reported persistent complaints of low back pain. The applicant was placed off of work, on total temporary disability, while Xanax, Nucynta, Duragesic, Soma, Halcion, and Norco were renewed. It was stated that the applicant was using Soma thrice daily. In a July 14, 2014 orthopedic consultation, it was suggested that the applicant had remained off of work since 2007. It was stated that the applicant had used a wheelchair for the past several years. In a progress note dated October 27, 2014, the applicant was, once again, placed off of work, on total temporary disability, owing to heightened complaints of low back pain, neck pain, and headaches. Norco, Xanax, Nucynta, Duragesic, Soma, and Halcion were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90 3 times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 29, 78, 86.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant has been using Carisoprodol (Soma) for what appears to be a minimum of several months, in conjunction with multiple opioid agents, including Norco, Nucynta, and Duragesic. This is not an MTUS-endorsed role for Carisoprodol (Soma). It is further noted that ongoing usage of Carisoprodol (Soma) has not seemingly proven effective here. The applicant remains off of work, on total temporary disability. The applicant is having difficulty performing activities of daily living as basic as standing and walking, as evinced by his usage of a wheelchair on multiple occasions referenced above. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Soma and do not, thus, make a compelling case for continuation of the same. Therefore, the request is not medically necessary.