

Case Number:	CM14-0023233		
Date Assigned:	06/11/2014	Date of Injury:	02/28/1992
Decision Date:	08/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back and foot pain reportedly associated with an industrial injury of February 28, 1992. Thus far, the injured worker has been treated with analgesic medications; attorney representations; opioid therapy; psychotropic medications; earlier spine surgery; and a spinal cord stimulator. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for Carisoprodol while approving a request for Percocet. The injured worker's attorney subsequently appealed. In a progress note dated August 8, 2013, the injured worker was given refills of Prozac, Wellbutrin, Trileptal, Celebrex, Percocet, and Soma. Persistent 7/10 low back pain radiating to the right leg was noted. The injured worker stated that his combination of pain medications, including Percocet, Soma, and Celebrex, was effective. The injured worker was given permanent work restrictions. It did not appear that the injured worker was working with said limitations in place. Soma, Celebrex, and Percocet were all refilled on an office visit on September 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the injured worker is using Carisoprodol along with a short-acting opioid, Percocet. This is not indicated. It is further noted that the injured worker has received refills of Carisoprodol on several office visits, implying that the injured worker is using Carisoprodol or Soma for chronic or long-term use purposes. Therefore, the request is not medically necessary.