

Case Number:	CM14-0056456		
Date Assigned:	07/09/2014	Date of Injury:	03/26/2008
Decision Date:	09/09/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 pain reportedly associated with an industrial injury of March 26, 2008. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier total knee arthroplasty; and muscle relaxants. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for Carisoprodol (Soma). The injured worker's attorney subsequently appealed. In an April 1, 2014 progress note, the injured worker presented with marked symptoms in multiple areas. The injured worker presented with chronic low back pain, chronic hip pain, and chronic knee pain. The injured worker did not appear to be improving, the attending provider noted. The attending provider stated there was little to be done for the injured worker. It is noted that the injured worker has co morbid diabetes. The injured worker was placed off work, on total temporary disability. The injured worker's medication list included Afrin, Detrol, Keppra, Zestril, Metformin, Zocor, Xarelto, Norco, Soma, Tramadol, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state Carisoprodol or Soma is not recommended for the chronic, long-term use purpose for which is seemingly being proposed here, particularly in conjunction with opioid agents. In this case, the injured worker is concurrently using an opioid agent, Norco. It is further noted that the injured worker has failed to receive any lasting benefit or functional improvement through the ongoing usage of Soma. The injured worker is off of work, on total temporary disability, and remains highly reliant and highly dependent on numerous analgesic medications, including opioid agents, all of which, taken together, suggest a lack of functional improvement as defined in MTUS Guidelines. Therefore, the request is not medically necessary.