

<b>Case Number:</b>	CM14-0189585		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 pain syndrome reportedly associated with an industrial injury of April 7, 2003. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve request for Soma, suggesting that the applicant wean or discontinue off of the same. The applicant's attorney subsequently appealed. In an April 17, 2014 progress note, the applicant reported ongoing complaints of low back, mid back, left shoulder, and left knee pain. The applicant had undergone several knee surgeries, ultimately culminating in a total knee arthroplasty. The applicant was using Soma, Voltaren, medical marijuana, Imitrex, and Norco. The applicant has undergone multiple interventional spine procedures involving the lumbar spine. Soma and Norco were renewed. The applicant was deemed "permanently disabled." In an October 10, 2014 progress note, the attending provider again reiterated his request for Norco, Soma, and Xanax while noting that the applicant remain permanently disabled owing to ongoing complaints of low back, knee, and left shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma tab 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 124.

**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 purpose, particularly when employed in conjunction with opioid agents. Here, the applicant was/is concurrently using Norco, an opioid agent. Ongoing, long-term usage of Carisoprodol (Soma) is not, thus, indicated here. Therefore, the request is not medically necessary.