

Case Number:	CM14-0191814		
Date Assigned:	11/25/2014	Date of Injury:	11/27/2009
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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, depression, and anxiety reportedly associated with an industrial injury of November 27, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve a request for Soma. The applicant, per the claims administrator, had undergone earlier multilevel cervical discectomy and fusion surgery. The applicant also received unspecified amounts of physical therapy, manipulative therapy, acupuncture, and epidural steroid injection therapy, the claims administrator noted. The claims administrator stated that the decision was based on a July 1, 2014 progress note. The applicant attorney subsequently appealed. In an October 3, 2014 office visit, the applicant was placed off of work, on total temporary disability. The attending provider was apparently in the process of seeking authorization for further spine surgery. On July 1, 2014, the applicant reported persistent complaints of neck pain status post earlier C5-C6 and C6-C7 cervical fusion. The applicant had symptomatic lumbar spondylolisthesis. The attending provider sought authorization for multilevel lumbar fusion surgery. There was no discussion of medication selection or medication efficacy on this occasion. In a handwritten prescription dated May 28, 2014, MRI imaging of the lumbar spine, Norco, Soma, and Lunesta were endorsed while the applicant was kept off of work, on total temporary disability, through the next visit. There was no discussion of medication efficacy. On April 8, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. In a prescription form dated April 8, 2014, lumbar MRI imaging, Norco, Soma, and

Lunesta were renewed, while the applicant was again kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SOMA Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for longer than a two- to three-week period. Here, however, the applicant appears to have using carisoprodol (Soma) for what appears to be a minimum of several months. Such usage is incompatible with page 65 of the MTUS Chronic Pain Medical Treatment Guidelines and, furthermore, with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, which also argues against long-term usage of carisoprodol and also suggest avoiding usage of Soma (carisoprodol) in conjunction with opioid agents. Here, the applicant was/is, in fact, concurrently using Norco, an opioid agent. The request, thus, as written, is at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.