

Case Number:	CM15-0141541		
Date Assigned:	07/31/2015	Date of Injury:	02/13/2010
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old who has filed a claim for chronic neck, mid, and low back pain reportedly associated with an industrial injury of February 13, 2010. In a Utilization Review report dated June 30, 2015, the claims administrator approved a request for Neurontin while failing to approve a request for Soma (carisoprodol). The claims administrator referenced a June 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a March 17, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain, 8/10 without medications versus 7/10 with medications. The applicant was not working, it was reported. The applicant had received cervical epidural injections. The applicant stated that his pain complaints were adversely impacting his work, ability to concentrate, and overall quality of life. The applicant was using Norco, Prilosec, and Neurontin, it was reported. The applicant had developed derivative complaints of depression, it was further noted. On a medical-legal evaluation dated June 22, 2015, the applicant reported ongoing complaints of low back pain, headaches, neck pain, depression, and sleep disturbance. A lumbar epidural injection was sought. The applicant was using Norco twice daily, Soma once daily, and Neurontin twice daily, it was reported. In a July 21, 2015 progress note, the applicant reported multifocal complaints of neck and low back pain, 6-8/10. The applicant had received a lumbar epidural steroid injection, it was reported. It was acknowledged that the applicant's pain complaints were interfering with and/or impacting his ability to work. The applicant was on Norco, Neurontin, Soma, and Prilosec, several of which were renewed and/or continued.

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 Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended in the chronic or long-term purposes. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines cautions against usage of Soma in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol or Soma to the mix was not recommended. It is further noted that the applicant had been using Soma for what appeared to have been a minimum of several months, i.e., in excess of the 2 to 3 week limit suggested for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Continued usage of Soma, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.