

<b>Case Number:</b>	CM15-0147495		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	08/19/2005
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 71-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 19, 2005. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for Soma. The claims administrator referenced a July 13, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported ongoing complaints of low back pain. The applicant had been deemed disabled, it was reported. The applicant had received epidural steroid injection therapy at an earlier point in time, it was suggested. The applicant was using Norco and OxyContin for pain relief, both of which were apparently refilled. The applicant's permanent work restrictions were also renewed. On July 8, 2015, the applicant was asked to continue OxyContin and Percocet. The applicant's permanent work restrictions were renewed. On July 30, 2015, Norco, Soma, and OxyContin were all prescribed, without much in the way of supporting rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #60 with 4 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Pain Procedure Summary, Muscle Relaxants.

**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 for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using a variety of opioids, including OxyContin, Percocet, Norco, etc. Adding carisoprodol or Soma to the mix is not recommended. It is further noted that the 60-tablet, four-refill supply of Soma at issue represents treatment well in excess of the 2 to 3 week limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.