

<b>Case Number:</b>	CM15-0161367		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back, wrist, and elbow pain reportedly associated with an industrial injury of December 9, 2010. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for Soma (carisoprodol). The claims administrator referenced a July 7, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On a medical-legal evaluation dated July 24, 2015, the applicant reported ongoing complaints of elbow, shoulder, neck, wrist, and finger pain. The medical-legal evaluator did impose permanent restrictions. The medical-legal evaluator suggested that the applicant was not working as he contended that vocational rehabilitation would be indicated. The applicant was using Norco, Soma, and a topical compounded agent, it was reported. The medical-legal evaluator acknowledged that the applicant was using Soma on a daily basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg tablets Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 for chronic or long-term use purposes, particularly when employed in conjunction with opioids agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent, it was reported on a medical-legal evaluation dated July 24, 2015. Continued usage of Soma, moreover, represented treatment in excess of the 2- to 3-week limit set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines for carisoprodol (Soma) usage. Therefore, the request was not medically necessary.