MAXIMUS Federal Services

Case Number:	CM15-0165676		
Date Assigned:	09/03/2015	Date of Injury:	08/08/2012
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 8, 2012. In a Utilization Review report dated August 14, 2015, the claims administrator failed to approve a request for carisoprodol. The claims administrator referenced an RFA form received on August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported 8/10 low back pain complaints. The applicant was using Norco at a rate of two to three times daily. The applicant had undergone earlier failed lumbar laminectomy procedure. Norco and Soma were seemingly endorsed. In an August 13, 2015 progress note, the applicant acknowledged that he was using both Norco and Soma. On July 7, 2015, Norco, Soma, and permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) 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 carisoprodol (Soma) 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, however, the applicant was in fact concurrently using Norco, an opioid agent. Concomitant usage of Soma was not recommended, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 30-tablet renewal request for carisoprodol at issue, in and of itself, represents treatment 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.