

Case Number:	CM15-0188263		
Date Assigned:	10/21/2015	Date of Injury:	02/28/2001
Decision Date:	12/08/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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 represented 60 year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of February 20, 2001. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for Soma while conditionally denying Tylenol with Codeine. The claims administrator did approve a request for compressive support stockings. The claims administrator referenced an RFA form received on August 21, 2015 and an associated July 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 22, 2015 office visit, the applicant reported ongoing complaints of ankle pain, edema, and swelling about the lower extremities. The applicant was on Tylenol No. 3 and Soma, it was reported. The attending provider suggested that the applicant was working on limitations in place. Both Tylenol No. 3 and Soma were renewed. The applicant was described as having comorbidities including diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: No, the request for Soma was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for chronic or long-term usage purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Tylenol No. 3, i.e., an opioid agent. The renewal request for Soma, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which establishes a 2 to 3-week limit for Soma (Carisoprodol) usage. Therefore, the request was not medically necessary.