

Case Number:	CM15-0193188		
Date Assigned:	10/06/2015	Date of Injury:	03/23/2013
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 23, 2013. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for Soma. The claims administrator did, however, approve a request for Naprosyn. An August 19, 2015 office visit was seemingly referenced in the determination. The applicant's attorney subsequently appealed. On July 17, 2015, the applicant reported ongoing complaints of low back and hip pain status post earlier spine surgery. Physical therapy was endorsed. Medication selection and medication efficacy were not seemingly discussed or detailed. On July 2, 2015, the applicant was placed off of work, on total temporary disability. X-rays of the hips were endorsed. On June 8, 2015, it was acknowledged that the applicant was using Motrin, Soma, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED RFA 8/19/15 Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

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 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, concurrently using Norco, i.e., an opioid agent. The August 19, 2015 renewal request for Soma, thus, represented treatment, which ran counter to both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which espouses a two- to three-week limit for carisoprodol usage. Therefore, the request is not medically necessary.