

<b>Case Number:</b>	CM15-0209659		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/06/2008
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 pain (LBP) reportedly associated with an industrial injury of March 6, 2008. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for Soma while approving requests for Percocet and Desyrel. A September 10, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing complaints of low back pain. The applicant was off of work owing to psychological issues, it was reported. The applicant was using Norco, Soma, Neurontin and Desyrel, it was reported in addition to Percocet on an occasional basis. The applicant was reportedly using Soma on a twice- daily basis, the treating provider reported. Several of the applicant's medications were renewed and/or continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350 #60 w/ 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 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 two separate opioid agents, Norco and Percocet. The 60-tablet, 1-refill 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 recommends a two- to three-week limit for carisoprodol usage. Therefore, the request is not medically necessary.