

Case Number:	CM15-0022848		
Date Assigned:	03/18/2015	Date of Injury:	03/13/2003
Decision Date:	04/16/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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 52-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 13, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 20, 2015, the claims administrator denied a request for Soma while conditionally denying request for oxycodone and OxyContin. The claims administrator referenced a January 6, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a December 1, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier failed fusion surgery. The applicant stated that she was discharged with a spinal cord stimulator implantation and requested that the spinal cord stimulator be removed. The applicant was using a cane to move about. The applicant's medication was not detailed. On October 13, 2014, the applicant was once again, placed off of work placed on total temporary disability following earlier failed lumbar fusion surgery of August 29, 2014. 8/10 pain complaints were reported. Once again, the applicant's medications list was not detailed. In a September 12, 2014 pain management note, a TENS unit, cardio respiratory testing, a sleep study, oxycodone, Soma, and Methoderm were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65;29.

Decision rationale: As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that the addition of carisoprodol to opioid agents is not recommended. Here, the applicant was using Soma in conjunction with oxycodone, an opioid agent. Continued usage of Soma, thus, was incompatible with both pages 65 and 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.