

<b>Case Number:</b>	CM15-0031131		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 41-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 14, 2003. In a Utilization Review Report dated January 20, 2015, the claims administrator partially approved a request for Soma, seemingly for weaning purposes. The applicant was status post multiple failed lumbar spine surgeries, it was incidentally noted. The claims administrator referenced a progress note of January 16, 2015 in its determination. The applicant's attorney subsequent appealed. The applicant continued to report derivative complaints of psychological stress throughout late 2014 and early 2015. On August 20, 2014, the applicant was using Flexeril, Norco, and MS Contin for ongoing complaints of low back pain. 9-10/10 pain complaints were reported, despite ongoing medication consumption. On September 17, 2014, MS Contin, Norco, and Soma were all renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 250mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) (Effective July 18, 2009) Page(s): 29.

**Decision rationale:** No, the request for Soma (Carisoprodol) 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/is using a variety of opioid agents, including Norco and MS Contin. Adding Soma to the mix was not indicated. It is further noted that the attending provider failed to reconcile the applicant's usage of Soma with concurrent usage of a second muscle relaxant, Flexeril (Cyclobenzaprine). Therefore, the request was not medically necessary.