MAXIMUS Federal Services

Case Number:	CM15-0044837		
Date Assigned:	03/17/2015	Date of Injury:	04/22/2013
Decision Date:	04/22/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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 reportedly associated with an industrial injury of April 26, 2013. Thus far, the applicant was treated with the following: Analgesic medications; earlier lumbar spine surgery; opioid therapy; and muscles relaxant. In a Utilization Review Report dated February 25, 2015, the claims administrator failed to approve a request for Soma (carisoprodol). An RFA form received on February 24, 2015 was referenced in the determination. In a handwritten note dated February 18, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of mid and low back pain. The applicant was placed off of work, on total temporary disability, while tramadol and Soma were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) 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 long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was in fact, concurrently using tramadol, a synthetic opioid, in conjunction with Soma. Such usage, however, ran counter to page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.