

<b>Case Number:</b>	CM15-0045123		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	02/05/1998
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 66-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 5, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and various interventional spinal procedures of lumbar spine, including SI joint block. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for Soma. The applicant's attorney subsequently appealed. On February 6, 2015, the attending provider suggested that the applicant continue Norco and Soma for chronic low back pain complaints. It was suggested that the applicant was pending a lumbar hardware removal procedure. The applicant was seemingly using Norco and Soma. As of an earlier note dated January 9, 2015, it was acknowledged. A hardware removal procedure was proposed on that date. The applicant's work status was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**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 chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the request in question did represent a renewal request for Soma. The applicant had been using Soma for a minimal of several months. The applicant was, moreover, concurrently using Norco, an opioid agent. Continued usage of Soma was not, thus, indicated in the clinical context present here. Therefore, the request was not medically necessary.