

Case Number:	CM15-0045206		
Date Assigned:	03/17/2015	Date of Injury:	05/15/2012
Decision Date:	04/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 15, 2012. In a Utilization Review Report dated March 2, 2015, the claims administrator approved Motrin while denying Soma. RFA form and progress note of February 26, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an internal case management dated January 12, 2015, the applicant was described as having issues with neck pain, low back pain, mid back pain, carpal tunnel syndrome, and major depressive disorder (MDD). The applicant has a history of marijuana use, the claims administrator suggested. An October 24, 2014 supplemental medical-legal evaluation contained no references to medication selection or medication efficacy. On October 25, 2014, the applicant was given refills of Norco, baclofen, Relafen, and Cymbalta owing to ongoing complaints of low back pain. The applicant had been deemed disabled; the treating provider stated and would therefore remain off of work. On February 16, 2015, the attending provider apparently introduced Soma on the grounds that baclofen had proven ineffectual. The applicant was also given refills of Norco, Cymbalta, and Motrin. The applicant was again kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: 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): 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. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines cautioned against addition of carisoprodol to opioid medications. Here, the applicant was using an opioid medication, Norco, on or around the date in question. Adding carisoprodol or Soma to the mix was not recommended during the chronic pain phase of treatment. Therefore, the request was not medically necessary.