

Case Number:	CM15-0049817		
Date Assigned:	03/23/2015	Date of Injury:	09/30/2008
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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 47-year-old who has filed a claim for chronic low back, shoulder, and knee pain reportedly associated with an industrial injury of September 30, 2008. In a Utilization Review Report dated March 7, 2015, the claims administrator failed to approve a request for Soma (carisoprodol). The claims administrator referenced a March 3, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On November 13, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy. The applicant was apparently not working. The applicant's medication list included Soma, Opana, Wellbutrin, Motrin, Zoloft, BuSpar, triamterene-hydrochlorothiazide, and Percocet, several of which were refilled, including Soma. In a later note dated January 12, 2015, the applicant again reported multifocal complaints of shoulder, knee, ankle, and low back pain. The applicant remained off of work, it was acknowledged. 6-9/10 pain complaints were reported. The applicant was given refills of OxyContin, Percocet, Prilosec, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65, 68, 78.

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 applicant had, in fact, employed carisoprodol for a minimum of several months to several years. The applicant was, furthermore, concurrently using opioid agents, including OxyContin and Percocet. Ongoing usage of Soma, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.