

Case Number:	CM15-0052810		
Date Assigned:	03/26/2015	Date of Injury:	01/16/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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 52-year-old who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of January 15, 2012. In a Utilization Review Report dated February 27, 2015, the claims administrator partially approved a request for Soma. A February 23, 2015 RFA form was referenced in the determination. The claims administrator suggested that the applicant had been using Soma since late 2013. The applicant's attorney subsequently appealed. On December 22, 2014, the applicant reported ongoing complaints of low back and neck pain. The applicant was placed off of work, on total temporary disability. The applicant had undergone earlier failed cervical spine surgery, it was acknowledged, some one year prior. Medication selection and medication efficacy were not detailed. On January 10, 2015, the applicant was asked to pursue additional physical therapy while remaining off of work. A hand surgery consultation was endorsed. Once again, the applicant's medication list was not clearly detailed. In a handwritten prescription dated December 15, 2015, Norco was renewed. A prescription for Soma was subsequently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 65; 29.

Decision rationale: No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate or indicated here. As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for longer than two to three week period. Here, however, the applicant has seemingly been using carisoprodol or soma since 2013. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against usage of Soma in conjunction with opioids agents. Here, the applicant was seemingly concurrently using Norco, an opioid agent. Ongoing usage of carisoprodol, (Soma), thus, was not indicated in the context present here. Therefore, the request was not medically necessary.