

Case Number:	CM14-0164938		
Date Assigned:	10/10/2014	Date of Injury:	09/15/1998
Decision Date:	11/13/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic neck pain, shoulder pain, mid back pain, headaches, and myofascial pain syndrome reportedly associated with an industrial injury of September 15, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; trigger point injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for Soma on the grounds that it was an "N" drug on ODG's formulary, despite the fact that California has not adopted the same. The applicant's attorney subsequently appealed. In a September 22, 2014 progress note, the applicant reported multifocal complaints of headaches, neck pain, shoulder pain, mid back pain, myofascial pain syndrome, and depression. The applicant was using Norco, Nucynta, Soma, Flector, hydrochlorothiazide, and Celexa, it was acknowledged. Permanent work restrictions were renewed. The applicant was apparently given various medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #60: Upheld

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

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

Decision rationale: 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. In this case, the applicant is, in fact, concurrently using Norco and Nucynta, opioid agents. Adding Carisoprodol or Soma to the mix is not recommended. Therefore, the request of Carisoprodol 350mg, #60 is not medically necessary and appropriate.