

Case Number:	CM14-0215940		
Date Assigned:	01/06/2015	Date of Injury:	05/21/2000
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic pain reportedly associated with an industrial injury of May 21, 2000. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve a request for Soma while approving prescriptions for levorphanol, Norco, and Wellbutrin. The claims administrator referenced an RFA form of December 12, 2014 in its determination. The claims administrator suggested that the applicant was using Soma on a twice monthly basis. The claims administrator referenced a progress note of December 12, 2014, stating that the applicant was using Soma twice daily as of that point in time and a progress note of August 27, 2014, also suggesting that the applicant was using Soma as of that point in time. The applicant was using Norco on both dates. The applicant was status post epidural steroid injection therapy and an earlier lumbar laminectomy, it was acknowledged, and was, furthermore, using a cane. In a handwritten note dated August 27, 2014, the attending provider acknowledged that the applicant was no longer working. Prescriptions for Norco, Soma, and Wellbutrin were endorsed. The applicant had reportedly retired, it was acknowledged. On July 24, 2014, the applicant was again given prescriptions for Norco, Wellbutrin, and Soma. The applicant stated that she had good days and bad days. The applicant was status post total knee replacements, status post earlier lumbar laminectomy. The applicant had retired, the attending provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 250mg qty: 60.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol 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. Here, the applicant has been using Carisoprodol or Soma for what appears to be a minimum of several months. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against usage of Soma in conjunction with opioid agents. Here, the applicant has likewise been using Norco, an opioid agent, for several months. The request, thus, as written is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.