

<b>Case Number:</b>	CM15-0113927		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 26, 2008. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for Soma. The claims administrator referenced an office visit of May 11, 2015 and an associated RFA form of May 15, 2015 in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was on Flexeril, tramadol, Norco, Prilosec, Naprosyn, and Celebrex, it was reported. The applicant was no longer working and had reportedly retired, it was stated toward the bottom of the report. On June 25, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was still using Soma, tramadol, Norco, Prilosec, and Celebrex, it was stated at that point. The applicant had a pending total knee arthroplasty, it was reported. In an earlier note dated May 20, 2015, it was stated that the applicant was using Soma, tramadol, Norco, Prilosec, and Celebrex. The note was very sparse, thinly developed, and did not contain much narrative commentary or rationale so as to support ongoing usage of Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 24, 29, 65, 124.

**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 was, in fact, using Norco and tramadol, opioid agents. Addition of carisoprodol or Soma to the mix was not recommended. The applicant had been using Soma for a minimum of two months prior to the date in question. The 90-tablet supply of Soma at issue, furthermore, represents long-term usage of Soma, i.e., treatment which runs counter to the philosophy espoused on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.