

Case Number:	CM15-0125117		
Date Assigned:	07/09/2015	Date of Injury:	05/07/2009
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/29/2015

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 58-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of May 7, 2009. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for Soma. The claims administrator referenced an RFA form received on June 19, 2015 in its determination. On prescription and RFA forms of April 17, 2015, oxycodone and Soma were endorsed. In an associated progress note of the same date, April 17, 2015, the applicant was described as using Soma at a rate of six times daily and oxycodone at a rate of six to seven times daily. The note was very difficult to follow as it mingled historical issues with current issues. The applicant had undergone earlier failed cervical fusion surgery, it was reported. The applicant was given an extremely proscriptive 10-pound lifting limitation. It was suggested (not clearly stated) that the applicant was not working with said limitation in place. The attending provider stated that the applicant was not doing much in the way of household chores and/or socializing but nevertheless wished to continue her medications at the current dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #150 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

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, concurrently using oxycodone, an opioid agent. Continued usage of Soma in conjunction with the same was not, thus, indicated. It is further noted that the 150-tablet, 2-refill supply of carisoprodol at issue, in and of itself, represents treatment in excess of the 2- to 3-week limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for continued usage of Soma (carisoprodol) in the face of the unfavorable MTUS positions on the same. Therefore, the request was not medically necessary.