

Case Number:	CM15-0172478		
Date Assigned:	09/22/2015	Date of Injury:	09/18/2012
Decision Date:	11/02/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/01/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 18, 2012. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for Soma. The claims administrator referenced a July 27, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant had difficulty performing activities of daily living as basic as bathing and dressing himself. Walking remained problematic. The applicant was on Norco, Soma, Celebrex, and Ativan, it was reported. The applicant was placed off of work, on total temporary disability. The applicant had developed derivative mental health issues, it was reported. On July 27, 2015, the applicant reported ongoing complaints of neck and low back pain status post earlier failed cervical and lumbar spine surgeries. Both Norco and Soma were renewed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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, long-term use purposes, particularly when employed in conjunction with opioids agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. The addition of carisoprodol (Soma) to the mix was not recommended. It is further noted that the 270-tablet renewal request for Soma, in and of itself, represented treatment in excess of the two to three-week limit for Soma usage espoused on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.