

Case Number:	CM15-0026853		
Date Assigned:	02/18/2015	Date of Injury:	04/07/2003
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/11/2015

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 52-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, shoulder, mid back, and knee pain reportedly associated with an industrial injury of April 7, 2013. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve a request for Soma. The claims administrator referenced a December 19, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant reported ongoing complaints of knee, low back, and shoulder pain. The applicant was status post multiple knee surgeries. The applicant's medication list included Soma, Voltaren gel, marijuana, Norco, and Imitrex. The applicant was off of work and had been deemed permanently disabled, the treating provider contended. Both Norco and Soma were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain, Carisoprodol (Soma, Soprodal 350, Vanadom, generic available), NSAIDs Page(s): 63, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 29 of 127.

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. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines cautions against usage of Soma in conjunction with opioid agents. Here, the applicant was/is concurrently using Norco, an opioid agent, along with medical marijuana. Ongoing using of Soma was not, thus, indicated in the context of the applicant's concurrently using opioids. Therefore, the request was not medically necessary.