

Case Number:	CM15-0072481		
Date Assigned:	04/22/2015	Date of Injury:	08/07/2012
Decision Date:	05/20/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/15/2015

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 46-year-old who has filed a claim for chronic knee, leg, and low back pain reportedly associated with an industrial injury of August 7, 2012. In a Utilization Review report dated March 26, 2015, the claims administrator partially approved a request for Soma, apparently for weaning or tapering purposes. A March 23, 2015 RFA form and March 5, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was using extended release morphine twice daily and Norco every five to six hours, it was reported. Additionally, the applicant was also using Soma. 8/10 pain with medications was reported. The applicant's work status was not clearly stated. Knee MRI imaging, aquatic therapy, and Soma were endorsed. The request for Soma was framed as a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Here, the request was, in fact, framed as a renewal request. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against usage of Soma in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using two opioid agents, morphine and Norco. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request was not medically necessary.