

Case Number:	CM15-0075229		
Date Assigned:	04/27/2015	Date of Injury:	02/17/2000
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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 57-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 17, 2000. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for Soma. The claims administrator referenced a progress note and associated RFA form of March 18, 2015, in its determination. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of low back and leg pain. The applicant had undergone earlier failed lumbar spine surgery with subsequent instrumentation blocks, it was reported. The applicant was also using a spinal cord stimulator. The applicant's medications included Soma, Dilaudid, OxyContin, Neurontin, Flomax, Lasix, potassium, Lopressor, Lipitor, it was reported. Removal of the indwelling lumbar fusion hardware was sought. In an earlier note dated March 18, 2015, the applicant was given refills of OxyContin, Soma, Dilaudid, and Neurontin. The request for hardware removal was reiterated. The applicant was asked to continue spinal cord stimulator in the interim. The applicant reported issues with depression, anxiety, and panic attacks, it was incidentally noted. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

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 opioids agents. Here, the applicant was, in fact, concurrently using OxyContin and Dilaudid, opioid agents. Continued usage of Soma in conjunction with the same was neither indicated nor compatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.