

Case Number:	CM15-0098213		
Date Assigned:	05/29/2015	Date of Injury:	02/06/2003
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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 60 year old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 6, 2003. In a Utilization Review report dated April 22, 2015, the claims administrator failed to approve a request for Carisoprodol (Soma). The claims administrator referenced a progress note of April 10, 2015 and an associated RFA form of April 15, 2015 in its determination. The applicant's attorney subsequently appealed. In a medical legal evaluation dated April 21, 2015, the applicant reported ongoing complaints of low back, knee, and ankle pain, exacerbated by pushing, pulling, lifting, bending, stooping, squatting, twisting, standing, and walking. The applicant had worsened over time, the medical-legal evaluator reported. The applicant was off of work, on total temporary disability, the medical-legal evaluator reported, and had been off of work for a little over two years, it was acknowledged. On April 20, 2015, the applicant was given an ankle support. Medication selection and medication efficacy were not discussed. In a progress note dated April 15, 2015, a viscosupplementation injection was performed. The applicant's permanent work restrictions were renewed. Ongoing complaints of low back and knee pain were reported. Once again, medication selection and medication efficacy were not detailed. The applicant was obese, with a BMI of 33. The applicant was using a cane to move about, it was reported. Drug testing dated October 10, 2014 suggested that the applicant was using various medications, including Soma, Quazepam, Neurontin, Norco, Naprosyn, oxycodone, Ambien, and Wellbutrin. In a November 7, 2014 progress note, it was acknowledged that the applicant was not working. The applicant was given refills of and/or asked to continue Norco, OxyContin, Naprosyn, Ambien, Soma, vitamin D, Senna, Protonix, Neurontin, Quazepam, and Wellbutrin while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350mg #180: 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: 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 multiple opioid agents, including Norco, OxyContin, etc. Adding Carisoprodol or Soma to the mix is not recommended. It is further noted that the 180 tablet supply of Carisoprodol at issue represents long term usage of the same, i.e., usage incompatible with that suggested on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.