

Case Number:	CM13-0052135		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2008
Decision Date:	03/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back and bilateral leg pain reportedly associated with an industrial injury of October 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report of November 1, 2013, the claims administrator reportedly denied a request for carisoprodol or Soma. The applicant's attorney subsequently appealed. An earlier clinical progress note of October 22, 2013 is notable for comments that the applicant reports moderate-to-severe low back pain radiating to legs. The applicant is on Neurontin, Prilosec, and Soma. The applicant has a BMI (Body Mass Index) of 25. Decreased range of motion is noted about the lumbar spine. It is stated that the applicant is using Soma and gabapentin alongside a spinal cord stimulator. He is 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:

Carisoprodol 350 mg, 45 count: 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 Page(s): 29.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for long-term use purposes, particularly when used in conjunction with other analgesic medications. In this case, the applicant is using at least one other adjuvant medication, Neurontin. Adding carisoprodol or Soma to the mix, particularly on a scheduled or long-term basis, is not indicated. It is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of Soma. The fact that the patient remains highly reliant on various other medical treatments, including medications and a spinal cord stimulator and remains off of work, on total temporary disability, taken together, implies a lack of functional improvement with prior treatment. The request for Carisoprodol 350 mg, 45 count, is not medically necessary or appropriate.