

Case Number:	CM13-0067885		
Date Assigned:	01/03/2014	Date of Injury:	08/04/2011
Decision Date:	09/10/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Pain Medicine and Rehabilitation 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 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/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:

This current 32 year-old patient sustained an injury on 8/4/11 while employed by [REDACTED]. Request under consideration include retrospective request (dos: 11/27/13) for Carisoprodol 350mg tablet, 1 tab at night #30. Report of 10/31/13 from the provider noted the patient with ongoing low back pain with severe right lower extremity radicular symptoms associated with numbness and tingling. Medications list Oxycodone, Carisoprodol and Gabapentin. The exam of the lumbar spine showed tenderness at spinous process L4, iliolumbar region, piriformis with paraspinous spasms; increased pain with extension and lateral tilt; diminished ankle reflexes bilaterally with decreased sensation at lower thigh, knee and medial leg as well as on lateral leg and dorsum of foot. Diagnoses include lumbar degeneration/ intervertebral disc; lumbago; thoracic/lumbosacral neuritis or radiculitis. Treatment included multiple medications. The request for retrospective request (dos: 11/27/13) for Carisoprodol 350mg tablet, 1 tab at night #30 was not medically necessary on 11/27/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 11/27/13) FOR CARISOPRODOL 350MG TABLET, 1 TAB AT HS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAGE 29- Carisoprodol (Soma): NOT RECOMMENDED. This centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) is not indicated for long-term use Page(s): 29.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2011. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing tender to palpation (TTP), spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The retrospective request (dos: 11/27/13) for Carisoprodol 350mg tablet, 1 tab at hs #30 is not medically necessary and appropriate.