

Case Number:	CM13-0071821		
Date Assigned:	01/08/2014	Date of Injury:	11/05/2013
Decision Date:	06/12/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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:

The injured worker is a 66 year old male who sustained an injury on 11/05/13 when he was struck in the back by a large child producing pain. Conservative treatment to date has included both physical therapy and acupuncture. The injured worker reported limited improvement with acupuncture therapy and was pending aquatic therapy. Medications have included the use of Soma as well as Vicodin for pain. The injured worker did report some improvement with the use of aquatic therapy. Previous electrodiagnostic studies noted evidence of peripheral neuropathy without evidence of radiculopathy. The injured worker was seen by [REDACTED] on 11/12/13. The injured worker was working as of this visit. The injured worker described pain in the low back with episodes of numbness and tingling in the lower extremities. On physical examination, there was loss of lumbar range of motion with reduced sensation in the bilateral L5 distribution. There was tenderness and spasms in the lumbar spine. No motor weakness or reflex changes were identified. The patient was referred for chiropractic therapy at this evaluation. Soma was continued at this visit. Follow up with [REDACTED] on 12/17/13 reported the injured worker continued to have complaints of low back pain. The injured worker was attending chiropractic therapy. The injured worker described stiffness in the lumbar spine in the mornings. Medications prescribed at this visit included Norco and Ketoprofen as well as Omeprazole. There continued to be paravertebral tenderness to palpation with spasms and restricted lumbar range of motion. The requested Soma 350mg, quantity 60 was denied by utilization review on 12/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Carisoprodol 350mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the ongoing use of this medication cannot be recommended.