

Case Number:	CM14-0001349		
Date Assigned:	01/22/2014	Date of Injury:	08/23/2007
Decision Date:	10/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/03/2014

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 Management 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:

The injured worker is a 53 year old male who suffered work-related injuries on August 23, 2007. He was diagnosed with (a) chronic pain, (b) cervical radiculopathy, (c) status post cervical spinal fusion, (d) failed back surgery syndrome, lumbar, (e) lumbar radiculopathy, (f) status post fusion, lumbar spine, (g) gastroesophageal reflux disease (GERD), (h) medication-related dyspepsia, (i) status post lumbar spine hardware removal, status post cervical spine disc replacement, anterior cervical discectomy and fusion; chronic arterial disease-status post myocardial infarction. In the most recent re-evaluation report by the treating physician dated July 30, 2014 it was indicated that the he complained of neck pain which radiated down his right upper extremity and low back pain which radiated down his right lower extremity. He also complained of frequent and severe muscle spasm in the low back. The pain was rated to be at 8 out of 10 on the pain scale without medication and 4 out of 10 with medication. The pain was aggravated by activity and walking. A physical examination revealed that the injured worker ambulated with a slow antalgic gait. On examination of the cervical spine, spinal vertebral tenderness was noted over the C4-C7 as well as over the bilateral paravertebral C4-C7 area. Range of motion of the cervical spine was moderately limited due to pain. On examination of the lumbar spine spasm was noted in the bilateral paraspinous musculature, tenderness was also noted over the spinal vertebra area over the L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain and pain was significantly increased with flexion and extension. Sensory and motor exams were within normal limits bilaterally. A magnetic resonance imaging (MRI) scan of the lumbar spine obtained in September 25, 2013 was reviewed and significant findings include, (a) mild levoscoliosis, (b) mild wedging and flattening of L1, (c) T2-L1 and L4-L5, 3-millimeter disc protrusion/bulge, possible bilateral exiting nerve root compression at the L4-5 level, (d) L1-2, a 2-3 millimeter anterior disc protrusion, (e) L2-L4, a 2-millimeter posterior disc protrusion/.bulge

with a 3-4 millimeter anterior disc protrusion noted at both these levels, (f) L4-5, a 3-millimeter posterior disc protrusion/bulge with possible bilateral exiting nerve root compression, bilateral facet arthropathy and a 3-millimeter anterior disc protrusion and (g) L5-S1 bilateral exiting nerve root compression with a 3-4 millimeter anterior disc protrusion. He was recommended to undergo chiropractic therapy at a frequency of one to two times per week for four weeks. This is a review of the requested Carisoprodol 350 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29,63.

Decision rationale: Evidence-based guidelines indicate that recommendation of a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, evidence-based guidelines indicate that Soma (carisoprodol) is recommended for only two to three week period of usage and its main effect is due to generalized sedation and treatment of anxiety. In this case, most recent records indicate that the injured worker is complaining of low back pain radiating to his right lower extremity with decreased range of motion. Tenderness was also noted in the spinal vertebra as well as over the spinous process. This may be indicative that he is experiencing an exacerbation of his low back pain. However, there is no evidence that first-line medication was used in order to treat acute exacerbations of chronic low back pain. Moreover, Soma is considered as a sedating muscle relaxant which can only be used in two to three weeks. However, the request was Soma 350 milligrams #30 to be taken one to two tablets. This information indicates that this medication will be used beyond the recommended time line as suggested by evidence-based guidelines. Based on this information, the medical necessity of the requested Soma 350 milligrams #30 is not established.