MAXIMUS Federal Services

Case Number:	CM14-0001850		
Date Assigned:	01/22/2014	Date of Injury:	09/18/2004
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 patient is an employee of [redacted] and has submitted a claim for low back pain with radicular symptoms in the legs associated with an industrial injury date of September 8, 2004. Treatment to date has included Norco, Ultram, Prilosec, Xanax, Toradol, Anaprox, Vicodine, Ultracet, Carsiprodol, and Epidural Spinal Injection for 1 episode. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of low back pain with radicular symptoms in the legs. Physical examination of the lumbar spine revealed tightness in the lumbar paraspinal musculature. Lumbar range of motion were as follows: flexion at 45 degrees, extension at 20 degrees, lateral bending on the right at 20 degrees and on the left at 20 degrees. Mulltiposition MRI of the right knee dated 11/03/2012 showed tricompartmental osteoarthritic change and mild intrasubstance degeneration. MRI of the lumbar spine with flex-ext dated 11/03/2012 showed spondylotic changes, posterior disc bulging with mild right neural foraminal narrowing at the levels of L3-L4 and L4-L5 and grade 1 anterolisthesis with mild bilateral neural foraminal narrowing at the level of L5-S1. MRI of the right knee - arthrogram dated 01/18/13 showed grade II intrasubstance degeneration of posterior horn of medial meniscus, mild joint effusion, degenerative arthritis, slight lateral subluxation of patella and no evidence of medial meniscus tear. Utilization review from December 20, 2013 denied the request for Carisoprodol 350mg tablets #90 because CA MTUS 2009 Chronic Pain Treatment Guidelines specifically do not recommend this muscle relaxant. No muscle spasms were noted on physical examination and there was no documented functional improvement as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISPRODAL 350 MG TABLETS, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 29, 65.

Decision rationale: According to pages 29 & 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. In this case, the patient has been using Soma since August 5, 2013 (4 months to date), which is beyond the recommended 2 to 3 week period. Furthermore, there is no discussion regarding continued use of Soma despite its metabolism to meprobamate and its potential for abuse. There was also no reported functional improvement noted on the patient and no muscle spasm was documented on physical examination Therefore, the request for Carisoprodol 350mg tablets, #90 is not medically necessary.