

Case Number:	CM14-0104319		
Date Assigned:	07/30/2014	Date of Injury:	03/20/1996
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesia has a subspecialty in Acupuncture & Pain 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:

A 74y/o male injured worker with date of injury 3/20/96 with related low back pain. Per progress report dated 6/6/14, he reported constant pain that radiated down the left lower extremity. The pain radiated to the left foot. Pain was accompanied by numbness frequently in the left lower extremity to the level of the toes and tingling occasionally in the left lower extremity to the level of the toes. He described the pain as sharp and stabbing. He complained of frequent muscle spasms in the low back. Per physical exam, tenderness was noted upon palpation in the paravertebral area L4-S1 levels and in the bilateral buttock. The range of motion of the lumbar spine was moderately to severely limited. MRI of the lumbosacral spine dated 2/18/98 revealed 7-8mm left lateral disc herniation causing effacement of the left L5 nerve root/nerve root ganglion within the neural foramen with possible compression on the left L5 nerve root. The L4-5 disc space demonstrated disc desiccation and approximately a 5mm right-sided lateral disc protrusion which compromises the right neural foramen and appears to touch the right L4 nerve root/nerve root ganglion. The L2-3 disc space demonstrated a broad-based approximately 2mm disc bulge slightly indenting the ventral thecal sac without deviation or compression on the associated nerve roots. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included home exercise program and medication management. The date of UR decision was 6/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab TID #90 with 1 refill: Upheld

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

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

Decision rationale: Per MTUS CPMTG page 29, Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. As this medication is not recommended by MTUS, it is not medically necessary. It should be noted that the UR physician has certified a modification of this request for the purpose of weaning.