

Case Number:	CM14-0109318		
Date Assigned:	08/01/2014	Date of Injury:	09/10/2002
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 61-year-old-male with a date of injury on September 10, 2002. The mechanism of injury is unknown. The injured patient has been complaining of low back pain with radiation to the right lower extremity as well as right knee pain. The pain interferes with his daily activities such as getting into the shower. He stated that opioid painkiller is helpful. A magnetic resonance imaging (MRI) of the lumbar spine showed multilevel degenerative disc disease (DDD). He has a past medical history of hypertension (HTN), insomnia, back pain, DDD, sciatica, and reflux. His medications include Soma, Prilosec, lisinopril, Ambien, and Norco. On lumbar spine examination, there is spasm noted in the paraspinal musculature. The range of motion (ROM) of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension. An examination of the right knee revealed no swelling, no deformity, no tenderness, and no instability. There is mild quadriceps atrophy. The strength test was normal 4/5. His sensation was intact. His ROM was restricted. His gait has a mild limp. The diagnoses are lumbar radiculopathy, right hip pain, bilateral knee pain, gastroesophageal reflux disorder, status post right hip replacement, status post right knee replacement and revision, and removal of lesion in the shin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg. #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workman's Compensation (TWC).

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

Decision rationale: Per the California (CA) Chronic Pain Medical Treatment Guidelines, 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-intravenous controlled substance). 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. This includes the following: (1) Increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a [REDACTED] Cocktail); and (5) as a combination with codeine (referred to as Soma Coma). Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait, and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. In this case, there is no evidence of exacerbation unresponsive to first-line interventions. This medication is not recommended for chronic use. There is no documentation as to any improvement in spasm with prior use of this medication. Therefore, the requested Carisoprodol 350 mg #30 is not medically necessary.