

Case Number:	CM14-0013530		
Date Assigned:	02/27/2014	Date of Injury:	01/25/2000
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 a 51-year-old male who has submitted a claim for lumbago, left lumbar radiculopathy, chronic pain syndrome with chronic opioid tolerance, status post lumbar laminectomy with postlaminectomy syndrome, and depression associated with an industrial injury date of 01/25/2000. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity. Physical examination of the lumbar spine showed tenderness and restricted range of motion. Motor strength of left lower extremity muscles was graded 4/5. Straight leg raise was positive at the left. Treatment to date has included lumbar laminectomy, physical therapy, lumbar epidural steroid injections, and medications such as lorazepam, bupropion, flurazepam, megestrol, Norco, Oxycontin, Zanaflex, and buspirone. Utilization review from 01/07/2014 denied the request for Carisoprodol 350mg 1 or 2 daily because long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Carisoprodol 350 mg, 1-2 tablets daily: 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) Page(s): 29.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as Hydrocodone, Tramadol, Benzodiazepine and Codeine. In this case, the patient is already on tizanidine, a muscle relaxant, since 2004. However, recent physical examination findings failed to provide evidence of muscle spasm. Moreover, there was no discussion why multiple muscle relaxants are needed for this case. The patient is likewise on opioids, which is not recommended by the guidelines due to high potential of abuse. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Carisoprodol 350 mg, 1-2 tablets daily is not medically necessary and appropriate.