

Case Number:	CM14-0015447		
Date Assigned:	02/28/2014	Date of Injury:	10/21/1998
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 21, 1998. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, long and short-acting opioids, epidural steroid injection therapy and muscle relaxants. In a Utilization Review Report dated January 23, 2014, the claims administrator partially certified a request for Carisoprodol or Soma, apparently for weaning purposes, approved a request for Norco, and approved a request for MS Contin. The applicant's attorney subsequently appealed. In a letter dated March 12, 2014, the applicant's attorney stated that Carisoprodol or Soma was the only treatment which had ameliorated the applicant's muscle spasms, noting that Flexeril, Tizanidine, Baclofen, and Robaxin were not beneficial. The applicant's attorney then complained that the claims administrator was not authorizing alternative treatments which could potentially benefit the applicant. A February 13, 2013 progress note is notable for comments that the applicant reported persistent, chronic low back pain, ranging from 10/10 without medications to 8/10 with medications. The applicant was still using a TENS unit. The applicant stated that he felt his muscle spasms are better controlled through usage of Soma. The applicant apparently had to eschew NSAIDs and/or epidural steroid injections owing to recent heart attack. The applicant's medication list included Norco, Morphine, Carisoprodol, Terocin, Vasotec, GlycoLax, Toprol, Catapres, Prilosec, Hytrin, Docusate, Prandin, and Actos. Multiple medications were refilled. The applicant was placed off of work and deemed "disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL (SOMA) 350 MG/120 TAKE 1 TAB PO 4 TIMES A DAY: Upheld

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

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

Decision rationale: As noted on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid medications. In this case, the applicant is using multiple opioid medications, including MS Contin and Norco. It is further noted that the applicant has used Carisoprodol and other medications chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work and has apparently been deemed permanently disabled. The applicant remains highly reliant on various forms of medications, including multiple opioid agents. Ongoing usage of Carisoprodol has, thus, failed to generate any lasting benefit or functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.