

Case Number:	CM14-0015878		
Date Assigned:	03/05/2014	Date of Injury:	12/02/2010
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This case involves a 52 year-old male with a 12/2/2010 industrial injury claim. He has been diagnosed as status post L4/5 laminectomy and lateral recess nerve root decompression, 12/19/12; and chronic left-side footdrop. According to the 6/4/13 neurosurgery P&S report from [REDACTED], the patient has improved back pain since the surgery, but still has nighttime calf cramping and footdrop. He uses a left-side posterior ankle brace to ambulate. On 1/16/14, UR recommended against carisoprodol 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The patient presents with low back pain, status post L4/5 laminectomy and lateral recess nerve root decompression, 12/19/12. I have been asked to review for an incomplete prescription for Soma (carisoprodol) 350mg #60. The dosage, frequency/duration were not

provided. The medical reports provided for this IMR do not discuss medications, other than stating "pain medications were refilled". None of the available medical reports mention carisoprodol. MTUS guidelines for carisoprodol states specifically that it is not recommended for use over 3-weeks. Without the frequency/dose, the notes do not provide if the #60 is for a period longer than 3-weeks, and do not advise if the patient has taken this medication previously. The request is not medically necessary and appropriate.