

Case Number:	CM14-0120218		
Date Assigned:	08/06/2014	Date of Injury:	04/05/2007
Decision Date:	10/03/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/30/2014

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 47-year-old male who has submitted a claim for chronic lumbar backache, lower extremity radiculopathic pain, and myofascial strain associated with an industrial injury date of 04/05/2007. Medical records from 11/04/2010 were reviewed and showed that patient complained of low back pain (pain scale not graded) radiating down the right lower extremity. Physical examination revealed guarding over the lumbar paravertebral muscles, decreased lumbar ROM, hypesthesia along L5 dermatomal distribution, weakness of L5 myotomal distribution, intact DTRs of lower extremities, positive supine SLR test at 45 degrees on the left and 40 degrees on the right, positive seated SLR test at 70 degrees on the left and 50 degrees on the right, and positive Lasegue's test on the right. X-ray of the lumbar spine dated 11/04/2010 revealed L5-S1 degenerative disc disease and L4-5 and L5-S1 facet arthrosis. MRI of the lumbar spine dated 04/26/2007 revealed L4-5 and L5-S1 moderate degenerative changes with bilateral neural foraminal encroachment and exiting nerve root displacement. Treatment to date has included lumbar ESIs (08/02/2007 and 06/09/2010), radiofrequency ablation (2010), and pain medications. Utilization review dated 07/08/2014 certified the request for Carisoprodol 350mg day supply: 30 Qty: 60 Refills: 2 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350MG Day Supply:30 QTY: 60 Refills: 2: 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 Page(s): 29, 65.

Decision rationale: According to pages 29 and 65 of CA MTUS Chronic Pain Treatment Guidelines, carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient was prescribed Carisoprodol 350mg #60 (DOS: 07/08/2014). The medical records submitted for review were dated 11/04/2010. The current clinical and functional status of the patient is unknown. Therefore, the request for Carisoprodol Tab 350MG Day Supply: 30 QTY: 60 Refills: 2 is not medically necessary.