

Case Number:	CM14-0120612		
Date Assigned:	08/06/2014	Date of Injury:	02/17/2000
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 & Rehabilitation & Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 59 year old female who reported an injury on 02/17/2000 due to unspecified cause of injury. The injured worker had a history of pain to the head, left arm, bilateral legs, neck, bilateral buttocks, thoracic spine, bilateral hips, bilateral low back and groin. The diagnoses included Post-laminectomy syndrome of the cervical region, cervicgia, headache, and lumbago, degeneration of the lumbar or lumbosacral intervertebral disc, and lumbosacral spondylosis without myelopathy. The medications included Lunesta 3 mg, Ativan 1 mg, Soma 350 mg, hydrocodone/acetaminophen 10/325 mg, and Fentanyl 50 mcg per hour. On average, the reported pain was 4 to 6 with medication and 7/10 without medication using the VAS. The sleep assessment dated 07/09/2014 revealed the injured worker takes 1 to 2 hours to fall asleep after the lights are out, does not watch television prior to sleep, awakens an average of 2 times per night, does not sleep during the day, and does take sleeping medication which included Lunesta. The objective findings of the lumbosacral spine revealed muscle weakness, muscle cramps, joint pain, joint pain within the last 3 months, back pain, neurological complaint of balance problems and headaches. The endocrine examination revealed cold intolerance and heat intolerance. Prior surgeries included L4-5 discectomy and bone graft and a cervical neck surgery x2. The treatment plan included refill of medications. The request for authorization dated 08/06/2014 was submitted within documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg tab 30 day supply #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 30.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend this medication for long-term use. The objective findings were vague and were not evident that the injured worker was active for muscle spasms. The Guidelines do not recommend long term use. The request did not indicate the frequency. As such, the request is not medically necessary.